Operator	Project	1	Postmark		77	Date Re	ceived	Notific	ation
- Sather	the Congress	see distinct and	active per		100	COST LINE		2015.13	icol as
I. TYPE OF N	NOTIFICATIO	N (O = Origin	al / R = Revi	ised):		C		0/11/2/1	114
II. FACILITY	INFORMATIO	N (identify o	wner, remov	al cor	tractor.	and other on	erator)		
OWNER:	Eastman Ko	odak Compa	ny			and other op	Crator)		F-10
Address:	2400 Mt. Re	ad Blvd.	V. Magazin	170	nyanist	diginal to the	out to an		
City:	Rochester	ablication.	State:	Nev	York	na s Pro	Zip:	14650-3013	
Contact:	Timothy Ca	ufield					Tel:	(585) 722-2	525
REMOVAL C	ONTRACTOR	₹:	AAC Contr	actin	n Inc			(000) . 22 2	
Address:	175 Humbo		paro conti	actin	g into.	The second			
City:	Rochester		State:	Nev	York		Zip:	14609	
Contact:	Craig Everh	art	_ Ctato.	1101	TOIR		Tel:	(585) 527-80	00 avt 420
OTHER OPE							I rei.	(303) 327-80	00 ext. 122
Address:	T T								
City:			Ctata						
Contact:		****	State:	_			Zip:		Land 1
						****	Tel:		Liberty S
III. TYPE OF	OPERATION	(D = Demolit	ion/R = Ren	ovatio	n):	R			
IV. IS ASBES	STOS PRESE	NT? (yes/no)	:	YES					
V FACILITY	DESCRIPTIO	N (include by	ilding name			7		T	
Bldg. Name:	DESCRIPTIO Kodak Park	in (include bu	Floor	, numi	per and	loor or room			
Address:	1669 Lake A		FIOOI				Room		
Address:	B-29	We. 14052							
City:	Rochester	The second	State:	Nove	York		164		
Site Location			State.	Men	TORK	County:	Monroe		
Building Size	CONTRACTOR OF THE PARTY OF THE		Sq. Ft:	F70	E42 04	# a£ Flaces			
Present Use:			Age in Years		,542.91	# of Floors:		Sq. Meter	
						Prior Use:	L		
VI. PROCED	URE, INCLUD	ING ANALY	FICAL METH	łod, i	F APPR	OPRIATE, U	SED TO DE	FECT THE	,
	OF ASBESTO								
The analysis	was perform	ed by Polari	zed Light M	licros	copy (P	LM) analysi:	s. Selected r	on-organical	ly bound
materials tha	at were report	ted by PLM a	analysis to I	oe no	n-asbes	tos containi	ng were sub	sequently an	alyzed by
Transmissio	n Electron Mi	croscopy (T	EM) analysi	is.					
VII. APPROX	IMATE OF RA	CM TO BE F	REMOVED A	ND N	ON-FRI	ABLE ASBES	STOS MATE	RIAL THAT W	IL .
NOT BE REM	MOVED. SPEC	CIFY THE AN	MOUNT OF	ASBE	STOS В	ELOW:			
				-					
					110				
					n 13 mari 14. Budaka dala mari				
				RAC	M to be	Removed	Category I	Category II	
Pipes - Linea					2000				
Pipes - Linea									
	- Square Feet		There is become		2000				
	- Square Mete		VIN THE		3 3 W. V.	De Company		37977	
Volume RACI	M off Facility C	component-C	ubic Feet	1	Grander VIII				
Volume RACI	M off Facility C	component-C	ubic Meter		No. of the		prefer	4.52	
VIII SCHEDI	JLED DATES	OF ASREST	OS REMOVA	Λ1	1.50 1.701	Ctort.		Completient	entra l
VIII. OOI ILDC	DELD DATES	OF AGDEST	JS REMOVA	~L	14	Start:		Completion	
	Green					1/2/2015		12/31/2015	
X. SCHEDU	LED DATES	OF DEMOLIT	ION/RENO\	/ATIC	N:	Start:		Completion	
						- 1311	_	Jonipidion	
				-1	2 - 70		_	40 .00	
					1	* 1	*	*	

V DESCRIP	TION OF DI A	NNED DEMO	ULITION OR	RENOVATION WORK	. AND METHOD	O(S) TO BE USED:
A. DESCRIP	removal of a	II types of A	CM from ma	ny areas and equipme	ent in this build	ling, while being
Complete	nec with OS	HA and Code	o Pulo 56	iny areas and equipme		,
					,	
XI. DESCRIP	TION OF WO	ORK PRACTIC	CES AND EN	IGINEERING CONTRO	OLS TO BE USE	ED TO PREVENT
EMISSION	IS OF ASBES	STOS AT THE	DEMOLITION	ON AND RENOVATION	N SITE:	
Work prac	tices include	e use of wet	techniques,	glove bags, negative	ly pressurized	tent and
enclosure	s, protective	clothing, NI	OSH approv	ed respirator and hep	a vacuums.	
XII. WASTE						
Name:		agement - Ro				
Address:		1661 Mt. Re		Name Vaule	Zip:	14606
City:	Rochester	lo	State:	New York	Telephone:	W. Tar No. 185 Apr.
Contact Perso	on:	Sue Rossi			Ti eleptione.	(383) 234-1314
WAY OFF TO A	JORODTER	40				
WASTE TRAI	NSPORTER	#2				
Name:						
Address:			State:		Zip:	
City:			State.		Telephone:	
Contact Perso	on.				Tolophone	
XIII. WASTE	DISPOSALS	ITE				
Name:	Mill Street I					
Address:	303 Brew R					
City:	Bergen		State:	New York	Zip:	14416
Telephone:	(585) 754-8	226				

XIV. IF DEM	OLITION IS C	ORDERED BY	A GOVERN	IMENT AGENCY, PLE	ASE IDENTIFY	THE AGENCY BELOW
Name:	1				Title	
Authority:	4		100			
	(MM/DD/YY):		Date Ordered to Begi	n:	. 41
		ENOVATION				
		ncy (MM/DD/				
Description o	f the Sudden	, Unexpected	Event:			and the second s
						O
Explanation of	of How the Ev	ent caused U	nsafe Condit	tions or Serious Disrupt	tion of Industria	Operation:
				LOWED IN THE EVEN		DECTED ASPESTOS
XVI. DESCR	RIPTION OF F	ROCEDURE	: 10 BE FOL	LOWED IN THE EVEN	I I I TA I UNEAR	OUI VEDIZED
			N-FRIABLE A	ASBESTOS BECOMES	CRUIVIBLES, F	OLVLINIZED,
OR REI	DUCED TO P	OWER.				
VIII LOED	TIEV THAT A	N INDIVIDITA	LTRAINED	ON THE PROVISIONS	OF THE REGI	LATION (40 CFR PART
AVII. I CER		I BE ON SIT	E DUBING	THE DEMOLITION OR	RENOVATION	S AND EVIDENCE
TUATT	HE DECLIID	ED TEVINING	L DOMINO	ACCOMPLISHED BY	THIS PERSON	WILL BE AVAILABLE
FORIN	SDECTION F		MAI RUSINI	ESS HOURS. (Require	ed 1 year after p	romulgation)
FOR IN	OF LOTION L	CINING NOR	NIAL DOGIN		ou i your artor p	13.0
	-/m	The E	- (04	1,001		December 15, 2014
	Signature	of Owner/Ope	rator			Date
	Signature	o owner/ope	14101			
XVIII I CEE	TIFY THAT T	THE AROVE I	NEORMATIC	ON IS CORRECT.		
AVIII. 1 OLIV		10012	2	/ \ /		
	1 em	Mus C.	· Coun	field		December 15, 2014
	Signature of	of Owner/Ope	rator	4		Date
	J. J		V			

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EPS NOTIFICATIONS 2015 PPA NOTIFICATIONS

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Kodak

December 15, 2014

EPA Regional Office Asbestos Coordinator 290 Broadway New York, NY 10007-1823

Dear Sir/Madam:

Enclosed please find the Eastman Kodak Company's 2015 signed EPA ten day Notification information and details. Also enclosed is a copy of my Asbestos Supervisor license.

Please feel free to contact me @585-722-2525, if you have any questions or concerns. Thank you!

Sincerely,

Timothy E. Caufield

Timothy E. Caufield

2.Y.M

STATE OF NEW YORK - DEPARTMENT OF LABOR
ASBESTOS CERTIFICATE

TIMOTHY E CAUFIELD CLASS(EXPIRES) 6 SUPR(02/15)

OWA# 513220648

MUST BE CARRIED ON ASBESTOS PROJECTS

43-

Operator F	Project	5 1	Postmark	eş.		Date Re	ceived	Notific	ation
						1.1			
I. TYPE OF N	OTIFICATION	V (O = Origin	al / R = Rev	rised) ·	eron.	- C		0018.1918	20111.9
OWNER:	Eastman Ko	dak Compa	wher, remov	vai cor	tractor,	and other op	erator)		
Address:	2400 Mt. Re		ity						
City:	Rochester	uu Divu.	State:	Nov	York	عصيطني ا	7:	44050 0040	
Contact:	Timothy Ca	ufield	Otato.	1464	TOIK		Zip: Tel:	14650-3013	
REMOVAL C	the second second second second second		IAAC Cont		Tara -		T Tel.	(585) 722-2	525
Address:	175 Humbol		AAC Cont	ractin	inc.				2 July 1914
City:	Rochester	t Ot.	State:	Nov	York		7:	44000	
Contact:	Craig Everh	art	T Otato.	HOV	TOIK		Zip: Tel:	14609	200 400
OTHER OPE							Tel.	(383) 527-80	000 ext. 122
Address:	T								
City:			State:						
Contact:	- Hadaaa		State.				Zip:		
	ODEDIE						Tel:		
III. TYPE OF	OPERATION	(D = Demolit	ion/R = Ren			R			(647) (547)
IV. IS ASBES	TOS PRESEN	11? (yes/no)		YES				4148 514	226 47 24
V. FACILITY	DESCRIPTION	V (include bu	ilding name	. numl	er and	floor or room	number).		
Bldg. Name:	Kodak Park	the following the same	Floor			cor or room	Room		
Address:	1669 Lake A					2	7,0011		
Address:	B-2 - Pipelin	es only		100					
City:	Rochester	- 4	State:	New	York	County:	Monroe		
Site Location:		- 1 1			1,			OLUMBIA.	
Building Size:		+ +	Sq. Ft:		- 1711-	# of Floors:		Sq. Meter	
Present Use:			ge in Years			Prior Use:	10	WALKS NO.	
VI. PROCEDU	JRE, INCLUD	ING ANALYT	TICAL METH	HOD, I	F APPR	OPRIATE, U	SED TO DET	ECT THE	
PRESENCE C	DE ASBESTO	SMATERIAL	.:						
The analysis	was perform	ed by Polari	zed Light N	Micros	сору (Р	PLM) analysi:	s. Selected r	on-organica	lly bound
materials tha	t were report	ed by PLM a	analysis to	be no	n-asbes	tos containi	ng were sub	sequently ar	alyzed by
Transmission VII. APPROXI	1 Electron Mi	croscony (T	FM) analys	ie					
NOT BE REM	OVED SPEC	CM TO BE F	ACHINIT OF	VODE:	PIN-FRI	ABLE ASBE	STOS MATE	RIAL THAT W	ILL
I TO I DE INEMI	OVED. OF EC		IOUNT OF	AODE	B103 B	ELOW:			
				IRAC	M to be	Removed	Category I	Category II	
Pipes - Linear	Feet			1 2 1 2	1000	The state of the s	- Gatogory 1	Category II	
Pipes - Linear									
Surface Area -				years.	1000		1000		
Surface Area -			TAG ADD	DU	TALLY	5110574	4.62 (9	Kalendaria.	
Volume RACM				PACK N	204	SHERALIN	ELMANTELET	Marcher H	
Volume RACM	off Facility C	omponent-C	ubic Meter	or in	ELECT.	MERCI GUE	art Backbary		
VIII. SCHEDU	LED DATES	OF ASBEST	OS REMOV	AI		Start:		Completion	
	Michigan					1/2/2015		12/31/2015	
IX. SCHEDUL	ED DATES C	F DEMOLIT	ION/RENO\	VATIO	N:	Start:	(C)	Completion	
				A. Carrier		and the second		Jonnpiodon	
				7-34-	Contract	Total office	TO CONTRACT OF		and the
X. DESCRIPT	TON OF PLAN	NED DEMO	LITION OR	RENG	VATIO	N WORK, AN	ND METHOD	(S) TO BE US	ED:
Complete	removal of al	I types of A	CM from ma	any ar	eas and	dequipment	in this build	ing, while be	ina
in complia	nce with OSI	A and Code	Rule 56.					3,	

EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums. XII. WASTE TRANSPORTER #1 Waste Management - Rochester Name: 4746 Model 1661 Mt. Read Blvd. Address: 14606 State: New York Zip: Rochester City: Telephone: (585) 254-7574 Sue Rossi Contact Person: WASTE TRANSPORTER #2 Name: Address: Zip: State: City: Telephone: Contact Person: XIII. WASTE DISPOSAL SITE Mill Street Landfill Name: 303 Brew Rd. Address: Zip: 14416 State: New York City: Bergen (716) 754-8226 Telephone: XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Title Name: Authority: Date Ordered to Begin: Date if Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) December 15, 2014 Signature of Owner/Operator XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. 12/15/2014 Signature of Owner/Operator Date

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT

Sperat	or Project	1 1 1	Postmark	13-15	D	ate R	Received	Notif	fication	
								5.51	89/12.81U	
YPE O	F NOTIFICA	ATION (O :	= Original /	R = Revise		0	4	0012.19	014.41414	
									**************************************	100
. FACILIT	TY INFORM	ATION (id	lentify owne	er, removal	contra	ctor,	and other	operator)		
WNER:	Eastman	Codak Cor	mpany							
	2400 Mt. R									
City: Contact:	Rochester	and the same of th	State:	New York			Zip:	14650-301	The state of the s	
oniaci.	Timothy C	autield					Tel:	(585) 722-	-2525	
EMOVAI	L CONTRAC	TOP:	AAC Cont	tracting Inc		7	-	7		6 6 7
	175 Humb		TARC COIN	uacung inc	,					- 1
City:	Rochester		State:	New York			Zip:	14609	The second second second	
	Craig Ever	and the second second	Otato.	TOW TOTAL			Tel:		8000 ext. 122	
	mbern navy						101,	(303) 321-	0000 ext. 122	,
	PERATOR:	4	-			-				_
Address:		111 - 19-	12 10 10 10 10							-
City:			State:		1 1 1 1		Zip:	77 - 19 1 1		
Contact:		1 -4					Tel:			
II TYPE (OF OPERA	TION (D	D							
V IS ASB	OF OPERAT	ION (D = I	Demolition/		R					
v. 13 ASB	ESTOS PR	ESENT? (yes/no):	YES						HHA
/ FACILIT	TY DESCRI	PTION (inc	lude huildir	na nama in	ımbar	and 6	loor or	m number):		
Bldg. Nam	Kodak Par	k	Floor	ig name, no	mber	and t	Room	m number):		
	1669 Lake					-	Room			-
dress:										
_	The second secon									
_j:	Rochester		State:	New York	Cou	intv:	Monroe			-
			State:	New York	Cou	inty:	Monroe			
Site Location Strain St	on: ze:		Sq. Ft:	14,188.22				Sq. Meter		
Site Location Strain St	on: ze:			14,188.22		oors:		Sq. Meter		
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Pipes - Line	ear Feet ear Meters ee: DURE, INC E OF ASBE sis was per that were re Sion Electro OXIMATE O EMOVED.	Ag CLUDING A STOS MA formed by eported by on Microso F RACM T SPECIFY	Sq. Ft: le in Years: ANALYTICA TERIAL: y Polarized y PLM anal copy (TEM TO BE REM	14,188.22 91 AL METHOR Light Microlysis to be analysis. MOVED AND	# of FI: Prior D, IF A roscop non-as D NON- BESTO	PPROPRIED TO SERVICE OF THE PROPRIED TO SERVICE	OPRIATE, LM) analy tos conta ABLE ASE ELOW:	USED TO DESIS. Selecte	DETECT THE d non-organically bous subsequently analyzed TERIAL THAT WILL	nd I by
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Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56. XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums. XII. WASTE TRANSPORTER #1 Waste Management - Rochester Address: 4746 Mod 1661 Mt. Read Blvd. 14606 Zip: State: New York Rochester City: Telephone: (585) 254-7574 Contact Person: Sue Rossi WASTE TRANSPORTER #2 Name: Address: Zip: State: City: Telephone: Contact Person: XIII. WASTE DISPOSAL SITE Mill Street Landfill Name: Address: 303 Brew Rd. Zip: 14416 State: New York Bergen City: Telephone (716) 754-8226 XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Title Name: Authority: Date Ordered to Begin: Date if Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED,

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE

December 15, 2014

Date

December 15,2014 Date

FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator

OR REDUCED TO POWER.

	Project		Postmark	1,911.0	ke te r	Date Re	ceived	Notific	cation
	1970) 1981-2				Mark Street	raphyl o Li		12.51	.10
I. TYPE OF N	OTIFICATION	(O = Origin	al / R = Rev	rised) ·	are to per-	0	The second	2015-19	
Annual Control of the	and the second s							4168	<u> </u>
II. FACILITY I	Footman Ka	in (identity o	wner, remo	val cor	tractor,	and other op	erator)	139:11:47	
Address:	Eastman Ko 2400 Mt. Rea		ny			Table of Aug	- 15 - 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2- 2	ERI Environ	1611.0
City:	Rochester	ad Bivd.	04-4-		L., .	Build have	LIGHT DEPT.	Double Seven	
Contact:	Timothy Cau	rfield	State:	Nev	York	etali -	Zip:	14650-3013	A STATE OF THE PARTY OF THE PAR
							Tel:	(585) 722-2	525
REMOVAL CO			AAC Cont	racting	g Inc.				
Address:	175 Humbol	t St.							
City:	Rochester		State:	Nev	York		Zip:	14609	7 1743
Contact:	Craig Everha	art	and the second				Tel:	(585) 527-80	000 ext. 122
OTHER OPER	RATOR:								
Address:									
City:			State:				Zip:		
Contact:							Tel:		-
III TYPE OF (ODEDATION	D = Domelia	:/D - D-3			Te	1 101.		
III. TYPE OF (IV. IS ASBES	TOS DESEN	D = Demoilt	ion/R = Ren			R	58	W0 12 5/6	abjective.
				YES				figures (E.	Maria
V. FACILITY	DESCRIPTION	(include bu	ilding name	, numb	er and f	loor or room	number):		
Bldg. Name:	Kodak Park	BL 225 2	Floor				Room		
Address:	1669 Lake A	ve. 14652							
Address:	B - 12								
	Rochester		State:	New	York	County:	Monroe		
Site Location:						County.	1		
Building Size:			Sa. Ft:	482	.910.34	# of Floors		Sa Meter	
Present Use: VI. PROCEDU PRESENCE C The analysis	Was perform	NG ANALYT S MATERIAL ed by Polari	_: zed Light N	s: 49 HOD, I	F APPR	LM) analysis	s. Selected r	on-organica	lly bound
Present Use: VI. PROCEDU PRESENCE C The analysis materials that Transmission VII. APPROXII	was performed was performed t were reported Electron Mic MATE OF RA OVED. SPEC	NG ANALYTS MATERIAL POLICY POLICY POLICY POLICY PLM according to the control of t	Age in Years FICAL METH LIE	HOD, I Hicros be no his. AND N	F APPR copy (P n-asbes	Prior Use: OPRIATE, U LM) analysistos containi ABLE ASBES	s. Selected r ng were sub	ECT THE non-organica sequently ar	nalyzed by
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Present Use: VI. PROCEDUPRESENCE OF The analysis materials that I ransmission VII. APPROXIINOT BE REMODER Pipes - Linear Pipes - Linear Surface Area -	was performed were reported to Electron Michael MATE OF RAIOVED. SPEC	NG ANALYTS MATERIAL Bed by Polari Bed by PLM a Croscopy (T CM TO BE F CIFY THE AN	Age in Years FICAL METH LIE	HOD, I Micros be no his. AND N ASBE	F APPROOF APPR	Prior Use: OPRIATE, U LM) analysis tos containi ABLE ASBES ELOW:	s. Selected r ng were sub STOS MATER	TECT THE non-organica sequently ar	nalyzed by
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Present Use: VI. PROCEDUPRESENCE OF The analysis materials that transmission VII. APPROXIINOT BE REMODERATE TO THE PROPERSE OF	was performed were reported to Electron Min MATE OF RAI OVED. SPECTON	NG ANALYTES MATERIAL Ed by Polari Ed by PLM a Croscopy (T CM TO BE F CIFY THE AN TS TS TS TS TS TS TS TS TS T	Age in Years FICAL METH LICE Light Manalysis to EM) analys REMOVED A MOUNT OF	HOD, I Micros be no sis. AND N ASBE:	F APPROOF APPR	Prior Use: OPRIATE, U LM) analysistos containi ABLE ASBES ELOW: Removed	s. Selected r ng were sub STOS MATER	Category II	nalyzed by
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Present Use: VI. PROCEDUPRESENCE OF The analysis materials that Iransmission VII. APPROXII NOT BE REMO Pipes - Linear Pipes - Linear Surface Area - Volume RACM VIII. SCHEDUI X. SCHEDUL X. SCHEDUL X. DESCRIPT	Feet Meters Square Feet Square Meter	NG ANALYTES MATERIAL Ed by Polaried by PLM a Croscopy (TCM TO BE FORTHER AND THE AND T	Age in Years FICAL METH LICENTIAL SECOND IN THE SECOND IN	RAC	F APPR copy (P n-asbes ON-FRI STOS BI M to be 2000 2000 N:	Prior Use: OPRIATE, U LM) analysistos containi ABLE ASBES ELOW: Removed Start: 1/2/2015 Start: N WORK, AN	S. Selected ring were subset of the second s	Category II Completion 12/31/2015 Completion (S) TO BE US	SED:
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XII. WASTE	TRANSPORT	ER #1		TOTAL CONTRACTOR		
Name:	Waste Mana	agement - Ro	chester	Y.A.		
Address:	4746 Model	1661 Mt. Rea	ad Blvd.			7-1
City:	Rochester		State:	New York	Zip:	14606
Contact Perso	on:	Sue Rossi			Telephone:	(585) 254-7574
WASTE TRAI	NSPORTER	#2				
Name:						
Address:						
City:			State:		Zip:	harries de la companya del companya de la companya del companya de la companya de
Contact Person	on:				Telephone:	
						and the second s
XIII. WASTE						
Name:	Mill Street L					
Address:	303 Brew R	ld.	6. (Name Vanda	7in:	14416
City:	Bergen		State:	New York	Zip:	14410
Telephone:	(716) 754-82	226				
WAY IE DEM	OLITION IC C	ODDEDED DV	/ A COVERN	MENT AGENCY, PLEA	SE IDENTIFY	THE AGENCY BELOW
	OLITION IS C	JKUEKEU DI	AGOVERN	VIVILIAI AGLIAGI, I LLA	Title	THE MODING! BELOW
Name:					1100	
Authority: Date if Order	(MANA/DD/VV)	1.		Date Ordered to Begin		
Date il Order	(IVIIVI/DD/111	<u>)·</u>		Date Ordered to Begin		
YV EOR EM	ERGENCY R	RENOVATION	S			The second secon
		ncy (MM/DD/)				
		, Unexpected				
Description	i tilo Oddaoii,	Chexpedica				
Explanation of	of How the Ev	ent caused U	nsafe Condit	tions or Serious Disruption	on of Industrial	Operation:
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			770,238	CUIDAL TO THE STATE		A STATE OF
XVI. DESCR	RIPTION OF F	PROCEDURE	TO BE FOL	LOWED IN THE EVENT	THAT UNEXP	PECTED ASBESTOS
IS FOU	ND OR PREV	/IOUSLY NON	N-FRIABLE A	ASBESTOS BECOMES	CRUMBLES, P	ULVERIZED,
	DUCED TO P					
XVII. I CERT	FIFY THAT A	N INDIVIDUA	L TRAINED	ON THE PROVISIONS	OF THE REGU	LATION (40 CFR PART
61 SUB	PART M) WIL	LL BE ON-SIT	E DURING	THE DEMOLITION OR F	RENOVATIONS	S AND EVIDENCE
THAT T	HE REQUIRE	ED TRAINING	HAS BEEN	ACCOMPLISHED BY T	HIS PERSON	WILL BE AVAILABLE
FOR IN	SPECTION D	JURING NOR	MAL BUSIN	ESS HOURS. (Required	d 1 year after p	romulgation)
		· ·		. /		
			1 2	1 1		
	/ inio	they E.	Caux	held		December 15, 2014
	Signature o	of Owner/Oper	caux rator	lulo		December 15, 2014 Date
	•			lelo_		
XVIII. I CER	•			ON IS CORRECT.		
XVIII. I CER	•			ON IS CORRECT.		Date
XVIII. I CER	TIFY THAT T		NFORMATIO	ON IS CORRECT.		

Operator F	Project	,	Postmark	14,0	14,110	Date Re	ceived	Notific	ation
	Br.2-1 4	1.17 0-			morte.	and the standard		2,015.1	1806411
I. TYPE OF N	IOTIFICATION	N (O = Origina	al / R = Rev	rised) :			1000	10,013.1	0103117
II. FACILITY I	NFORMATIO	N (identify ov	wner, remov	val cor	tractor.	and other on	erator)		
OWNER:	Eastman Ko	dak Compar	ny		,	and carrer op	orator)		
Address:	2400 Mt. Re					allered been	to the beat to	Sand Back	
City:	Rochester	-4	State:	Nev	York	intendi	Zip:	14650-3013	
Contact:	Timothy Ca	ufield					Tel:	(585) 722-2	Control of the Contro
REMOVAL C	ONTRACTOR		AAC Cont	racting	Inc			(000) 1.22 2	-
Address:	175 Humbol		rato cont	acting	inic.				
City:	Rochester		State:	New	York		T Zin:	14609	
Contact:	Craig Everh	art	Otato.	1101	TOIK		Zip: Tel:		100 400
OTHER OPE			-				I I el.	(585) 527-80	000 ext. 122
Address:	RATUR:								
City:									
Contact:			State:				Zip:	Tradition 5	
	L						Tel:		
III. TYPE OF	OPERATION	(D = Demoliti	on/R = Ren	ovatio	n):	R	-	serial nec	2000
IV. IS ASBES	TOS PRESEN	IT? (yes/no):		YES		4,810		THE RESERVE	547.1
V FACILITY!	DESCRIPTION	M (include bui	ildina nome			a			
V. FACILITY I	Kodak Park	1 (include bui	Floor	, numr	er and	loor or room			
Address:	1669 Lake A	vo 14652	Floor	-10-			Room		
Address:	B - 14	ve. 14052							
City:	Rochester		State:	Nove	Varie	Count			
Site Location:	Rochester		State.	New	York	County:	Monroe	A COLUMN	
Building Size:			Sa Et	17	640 F4	# at Flance			
Present Use:			Sq. Ft: ge in Years		,619.51	# of Floors: Prior Use:	11 11 11 11	Sq. Meter	James Mal
The analysis materials tha Transmissior VII. APPROXI NOT BE REM	t were report LELECTION MI MATE OF RA	ed by PLM a croscopy (TI CM TO BE R CIFY THE AM	nalysis to EM) analys EMOVED /	be no is. AND N	n-asbes ON-FR	ABLE ASBES	ng were sub	sequently an	alyzed by
Pipes - Linear				RAC	M to be 1000	Removed	Category I	Category II	
Pipes - Linear	- CA COM SECURITION 1997		JADIEV	100	T. 32	GREAT IN	Dept. september	MAL YES	
Surface Area				Ott	1000	SVERY IS 4 IS	E-40 -59 17	CLAST THAT'S	
Surface Area			5 5 6 6 8 4	N. P.	1334	NAME CALL OF	Babas (dat		
Volume RACN				1981	F 63 h	ME IN ISH	DK Dinsus	HO, Thirties in	
Volume RACN	n off Facility C	omponent-Cu	ubic Meter	بدسا					
VIII. SCHEDU	LED DATES	OF ASBESTO	S REMOV	AL	4	Start: 1/2/2015	line	Completion 12/31/2015	
IX. SCHEDUL	LED DATES C	F DEMOLITI	ON/RENO	VATIO	N:	Start:	Vive un	Completion	10 m
	removal of al ince with OSI	I types of AC IA and Code	CM from market Rule 56.	any ar	eas and	d equipment	in this build	ing, while be	ing

XII. WASTE	TRANSPORTER #1				
Name:	Waste Management -				
Address:	4746 Model 1661 Mt.	Read Blvd.			
City:	Rochester	State:	New York	Zip:	14606
Contact Perso	on: Sue Ross	și		Telephone:	(585) 254-7574
	NSPORTER #2				
Name:					
Address:				7in.	
City:		State:		Zip:	
Contact Person	on:			Telephone:	
	21020011 OITE				
	DISPOSAL SITE				
Name:	Mill Street Landfill				
Address:	303 Brew Rd.	Chata	Now York	Zip:	14416
City:	Bergen	State:	New York	ζip.	14410
Telephone:	(716) 754-8226				
VIV. IE DEM	OLITION IS ORDERED	BY A COVER	MENT AGENCY	PLEASE IDENTIFY	THE AGENCY BELOW
	JULITION IS ORDERED	BT A GOVERN	WILLIAT AGENCY	Title	1127.02.10.
Name:				11110	
Authority:	(MM/DD/YY):		Date Ordered to	Begin:	
Date II Order	(IVIIVI/DD/ TT).	2.1	Date Ordered to	Dog	
XV FOR EM	ERGENCY RENOVATI	ONS			The same of the same
	ir of Emergency (MM/L		T		
	f the Sudden, Unexpect		1,127,217		
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Evolunation of	of How the Event cause	d Unsafe Condit	ions or Serious D	isruption of Industrial	Operation:
Explanation	THOW the Event edges	a Oniodio Condi		+ +	agent agent to age to
	V				
			ACT PROPERTY OF THE	REPORT OF THE PARTY	
XVI DESCR	IPTION OF PROCEDU	RE TO BE FOL	LOWED IN THE	EVENT THAT UNEXP	ECTED ASBESTOS
	ND OR PREVIOUSLY N				
	DUCED TO POWER.				•
OKTAL	70025 101 011211				
			rya s	- A Committee of the Co	
XVII. LCERT	TEY THAT AN INDIVID	UAL TRAINED	ON THE PROVIS	IONS OF THE REGU	LATION (40 CFR PART
	PART M) WILL BE ON-				
	HE REQUIRED TRAIN				
The second secon	SPECTION DURING N				
	-7 -i 1		1-1		
	Jemolly C	· (audi	ill		December 15, 2014
	Signature of Owner/C	perator			Date
					### T
XVIII. I CER	TIFY THAT THE ABOV	E INFORMATIO	N IS CORRECT		
		- 1	11.		
	Temother (· law	rela		12/15/2014
	Signature of Owner/C	perator			Date

Operator F	Project	2211	Postmark		HA HO	Date Re	eceived	Notific	cation
	terajano) les				tricky,	eaupin-had t		Do12106	21.1.6
. TYPE OF N	OTIFICATION ((O = Origina	/ R = Rev	ised):	THE WOLL	C	This is a second	1001-101	10143
I. FACILITY I	NFORMATION	(identify ow	ner, remov	/al cor	tractor	and other on	erator)		WATER I
OWNER:	Eastman Kod	ak Compan	V	01 001	Li dotor,	and other op	erator)		
Address:	2400 Mt. Read	Blvd.		-	-		C TO THE REAL PROPERTY.		
City:	Rochester	4 7	State:	New	York		Zip:	14650-3013	
Contact:	Timothy Cauf	ield	Olato.	1101	TOIR		Tel:	(585) 722-2	ART AND ADDRESS OF THE PARTY OF
REMOVAL C	ONTRACTOR:		1100		-		1 61.	(363) 122-2	323
Address:	175 Humbolt	C+	AAC Contr	racting	inc.				
City:	Rochester	- T	State:	Non	Varia				9 1070
Contact:	Craig Everhar	4	State.	INEN	York		Zip:	14609	
							Tel:	(585) 527-80	000 ext. 12
OTHER OPE	RATOR:					No Recipies (St. 4)			- 51 L
Address:									- 1 to 1/2/2019
City:			State:				Zip:	The second second	T 6 11 1
Contact:							Tel:	Amerika parket	
I. TYPE OF	OPERATION (D	= Demolitic	n/R = Ren	ovatio	n):	R		Service Miles	State P. S.
V. IS ASBES	TOS PRESENT	? (yes/no):		YES		2/8/5		F12411-0511	100
					-				
A PACILITY I	DESCRIPTION	(include buil	ding name	, numb	er and	floor or room			
Bldg. Name: Address:	Kodak Park	44050	Floor			atter an	Room	di waiyor i	
Address:	1669 Lake Ave	e. 14652							
	B - 26		-						
City:	Rochester		State:	New	York	County	Monroe	TIT BOTH T	
Site Location:			0 E	T ==		r			
Building Size: Present Use:			Sq. Ft: ge in Years		185.96	# of Floors: Prior Use:	6	Sq. Meter	
ransmission II. APPROXI	t were reported DELECTION MICT MATE OF RAC OVED. SPECII	OSCODY (TE M TO BE RE FY THE AMO	M) analys MOVED A DUNT OF A	is. AND N ASBE	ON-FR	ABLE ASBE			
ipes - Linear	The second secon			RAC	M to be 2000	Removed	Category I	Category II	
ipes - Linear					2000	TORRIA ST. AL	offer belief the		
	 Square Feet Square Meters 		Str. March		2000			BUM TRAINS	
	off Facility Co		hic Feet		1000	THE PERSON DE	100 May 10 M	STORE FOR	1 1
	off Facility Con				EL POPUL				1112
oldine IVACI	on racility Col	inponent-cu	DIC METEL	_					
	LED DATES OF				18.5	Start: 1/2/2015	100	Completion 12/1/2015	
The state of the s	LED DATES OF				PHIC	Start:		Completion	15T 1677
Complete in complia	FION OF PLANT removal of all t ince with OSHA TION OF WOR	types of AC A and Code	M from ma Rule 56.	any ar	eas an	d equipment	in this build	ing, while be	eing

II. WASTE	TRANSPORT					
Name:	Waste Mana	agement - Ro	ochester			
Address:	4746 Model	1661 Mt. Re	ad Blvd.			
City:	Rochester		State:	New York	Zip	
Contact Pers	son:	Sue Rossi			Telephon	e: (585) 254-7574
WASTE TRA	NSPORTER	#2				Land Ville Co.
Name:						
Address:			1 0/1		7in	
City:			State:		Zip	
Contact Pers	son:			77.00	Telephon	е.
/// \A/A OTE	DIODOGAL O	176				
	DISPOSAL S					
lame:	Mill Street I					
ddress:	303 Brew R	a.	State:	New York	Zip	: 14416
City:	Bergen	226	State.	New TOTK		. 14410
elephone:	(716) 754-8	226				
/IV JE DEN	AOLITION IS O	DDEDED BY	V A GOVERN	MENT AGENCY F	PLEASE IDENTIF	Y THE AGENCY BELOW
lame:	T TON 15 C	TOURNED B	AGOVER	WILLIA AOLIVOT, I	Title	
Authority:					1,1,10	
	r (MM/DD/YY	· Participal	TENTS	Date Ordered to E	Begin:	4877471
ale ii Olue	(IVIIVII)	1.		Date Claster to		a - market a
(V FOR FI	AERGENCY R		IS	A color pro		
	MERGENCY R	ENOVATION				
Date and Ho	our of Emerger	ENOVATION	YY):	The Control		
Date and Ho		ENOVATION	YY):	The Control		
Date and Ho Description	our of Emerger of the Sudden	ENOVATION ncy (MM/DD/ , Unexpected	YY): Event:	tions or Serious Dis	ruption of Industri	ial Operation:
Date and Ho Description	our of Emerger of the Sudden	ENOVATION ncy (MM/DD/ , Unexpected	YY): Event:	tions or Serious Dis	ruption of Industri	al Operation:
Date and Ho Description	our of Emerger of the Sudden	ENOVATION ncy (MM/DD/ , Unexpected	YY): Event:	tions or Serious Dis	ruption of Industri	al Operation:
Date and Ho Description	our of Emerger of the Sudden	ENOVATION ncy (MM/DD/ , Unexpected	YY): Event:	tions or Serious Dis	ruption of Industri	ial Operation:
Date and Ho Description Explanation	our of Emerger of the Sudden, of How the Ev	ENOVATION ncy (MM/DD/ , Unexpected rent caused U	YY): Event: Insafe Condi			
Date and Ho Description Explanation	our of Emerger of the Sudden of How the Ev	ENOVATION ncy (MM/DD/ , Unexpected rent caused U	YY): Event: Insafe Condit	LOWED IN THE EV	/ENT THAT UNE	XPECTED ASBESTOS
Date and Ho Description Explanation	our of Emerger of the Sudden of How the Ev	ENOVATION ncy (MM/DD/ , Unexpected rent caused U	YY): Event: Insafe Condit	LOWED IN THE EV	/ENT THAT UNE	XPECTED ASBESTOS
Date and Ho Description Explanation (VI. DESC IS FOL	our of Emerger of the Sudden of How the Ev	ENOVATION OCCUPATION O	YY): Event: Insafe Condit		/ENT THAT UNE	XPECTED ASBESTOS
Date and Ho Description Explanation (VI. DESC IS FOL	our of Emerger of the Sudden of How the Ev RIPTION OF F JND OR PREV	ENOVATION OCCUPATION O	YY): Event: Insafe Condit	LOWED IN THE EV	/ENT THAT UNE	XPECTED ASBESTOS
Date and Ho Description Explanation (VI. DESC IS FOL	our of Emerger of the Sudden of How the Ev RIPTION OF F JND OR PREV	ENOVATION OCCUPATION O	YY): Event: Insafe Condit	LOWED IN THE EV	/ENT THAT UNE	XPECTED ASBESTOS
Date and Ho Description Explanation (VI. DESC IS FOL	our of Emerger of the Sudden of How the Ev RIPTION OF F JND OR PREV	ENOVATION OCCUPATION O	YY): Event: Insafe Condit	LOWED IN THE EV	/ENT THAT UNE	XPECTED ASBESTOS
Date and Ho Description Explanation (VI. DESC IS FOU OR RE	our of Emerger of the Sudden of How the Ev RIPTION OF F JND OR PREV DUCED TO P	ENOVATION ncy (MM/DD/ , Unexpected rent caused U PROCEDURE //IOUSLY NOI	YY): Event: Unsafe Condit TO BE FOL N-FRIABLE	LOWED IN THE EVASBESTOS BECOM	VENT THAT UNEX	XPECTED ASBESTOS PULVERIZED,
Oate and Ho Description Explanation (VI. DESC IS FOU OR RE	our of Emerger of the Sudden of How the Ev RIPTION OF F JND OR PREV DUCED TO P	ENOVATION ncy (MM/DD/ , Unexpected rent caused U PROCEDURE //IOUSLY NOI POWER.	YY): Event: Unsafe Condit TO BE FOLE N-FRIABLE	LOWED IN THE EVASBESTOS BECOM	VENT THAT UNEX	XPECTED ASBESTOS PULVERIZED, GULATION (40 CFR PART
explanation EXPLANTATION EXPLANATION EXPLANATION EXPLANATION EXPLANATION EXPL	our of Emerger of the Sudden of How the Ev RIPTION OF F JND OR PREV DUCED TO P	PROCEDURE/IOUSLY NOIOUSLY NOIO	YY): Event: Jusafe Condit TO BE FOLE N-FRIABLE A AL TRAINED TE DURING	LOWED IN THE EVASBESTOS BECOM	VENT THAT UNEX MES CRUMBLES, ONS OF THE REG OR RENOVATIO	EULATION (40 CFR PART
explanation EXPLANTATION EXPLANATION EXPLANATION EXPLANATION EXPLANATION EXPL	our of Emerger of the Sudden of How the Ev RIPTION OF F JND OR PREV DUCED TO P	PROCEDURE/IOUSLY NOIOUSLY NOIO	YY): Event: Jusafe Condit TO BE FOLE N-FRIABLE A AL TRAINED TE DURING	LOWED IN THE EVASBESTOS BECOM	VENT THAT UNEX MES CRUMBLES, ONS OF THE REG OR RENOVATIO	XPECTED ASBESTOS PULVERIZED,
Oate and Ho Description Explanation (VI. DESC IS FOU OR RE	our of Emerger of the Sudden, of How the Even RIPTION OF F UND OR PREV DUCED TO P RIFY THAT A BPART M) WII THE REQUIRI	PROCEDURE/IOUSLY NOIOUSLY NOIO	Event: Unsafe Condition TO BE FOLING TE DURING THE HAS BEEN	ON THE PROVISION THE DEMOLITION I ACCOMPLISHED	VENT THAT UNEXMES CRUMBLES, ONS OF THE REGOR RENOVATION BY THIS PERSON	EULATION (40 CFR PART NS AND EVIDENCE N WILL BE AVAILABLE
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Oate and Ho Description Explanation (VI. DESC IS FOU OR RE	our of Emerger of the Sudden of How the Ev RIPTION OF F JND OR PREV DUCED TO P ETIFY THAT A BPART M) WII THE REQUIRI NSPECTION E	PROCEDURE/IOUSLY NOIOUSLY NOIO	Event: Unsafe Condition To BE FOLIN-FRIABLE AL TRAINED TE DURING TE DURING TE HAS BEEN RMAL BUSIN TO BE FOLING TO BE FO	ON THE PROVISION THE DEMOLITION I ACCOMPLISHED	VENT THAT UNEXMES CRUMBLES, ONS OF THE REGOR RENOVATION BY THIS PERSON	EULATION (40 CFR PART NS AND EVIDENCE N WILL BE AVAILABLE promulgation) December 15, 2014
Explanation Explanation CVI. DESC IS FOL OR RE CVII. I CEF 61 SUI THAT FOR II	of the Sudden of the Sudden of the Sudden of How the Every Sudden of How the Sudden of How the Sudden of Signature of Signature of Signature of Sudden of	PROCEDURE //OUSLY NOI OURING NOR OURING NOR Of Owner/Ope	Event: Unsafe Condition To BE FOLIN-FRIABLE AL TRAINED TE DURING G HAS BEEN RMAL BUSIN Training	ON THE PROVISION THE DEMOLITION I ACCOMPLISHED ESS HOURS. (Recomplished belief)	VENT THAT UNEXMES CRUMBLES, ONS OF THE REGOR RENOVATION BY THIS PERSON	EULATION (40 CFR PART NS AND EVIDENCE N WILL BE AVAILABLE promulgation) December 15, 2014
Explanation Explanation CVI. DESC IS FOL OR RE CVII. I CEF 61 SUI THAT FOR II	of the Sudden of the Sudden of How the Even RIPTION OF F JND OR PREV DUCED TO P CTIFY THAT A BPART M) WII THE REQUIRINSPECTION E Signature of RTIFY THAT T	PROCEDURE VIOUSLY NOT OWER. N INDIVIDUA LL BE ON-SIT ED TRAINING OURING NOR OF OWNER/OPE	Event: Unsafe Condition To BE FOLIN-FRIABLE AL TRAINED TE DURING G HAS BEEN RMAL BUSIN Training	ON THE PROVISION THE DEMOLITION I ACCOMPLISHED	VENT THAT UNEXMES CRUMBLES, ONS OF THE REGOR RENOVATION BY THIS PERSON	EULATION (40 CFR PART NS AND EVIDENCE N WILL BE AVAILABLE promulgation) December 15, 2014
Explanation Explanation CVI. DESC IS FOL OR RE CVII. I CEF 61 SUI THAT FOR II	of the Sudden of the Sudden of the Sudden of How the Every Sudden of How the Sudden of How the Sudden of Signature of Signature of Signature of Sudden of	PROCEDURE VIOUSLY NOT OWER. N INDIVIDUA LL BE ON-SIT ED TRAINING OURING NOR OF OWNER/OPE	Event: Unsafe Condition To BE FOLIN-FRIABLE AL TRAINED TE DURING G HAS BEEN RMAL BUSIN Training	ON THE PROVISION THE DEMOLITION I ACCOMPLISHED ESS HOURS. (Recomplished belief)	VENT THAT UNEXMES CRUMBLES, ONS OF THE REGOR RENOVATION BY THIS PERSON	EULATION (40 CFR PART NS AND EVIDENCE N WILL BE AVAILABLE promulgation) December 15, 2014

Operator F	Project	J 10	Postmark			1	Date Re	ceived	Notific	cation
LTYPE OF M	0715104510	arenas d A	Weight .	60.00		10-7	Millson in	ro 'r sderak	2015/12	118.
I. TYPE OF N							0			8050
I. FACILITY I	NFORMATIO	N (identify ov	wner, remov	al con	tractor,	and	other ope	erator)	TO PERMIT	
OWNER:	Eastman Ko	dak Compar	ny				damen	0.0000000000000000000000000000000000000		
Address:	2400 Mt. Re	ad Blvd.					wei Lea	Low Logic L	many of the	E HANNEY Y
City:	Rochester	Page	State:	New	York			Zip:	14650-3013	
Contact:	Timothy Ca							Tel:	(585) 722-2	525
REMOVAL CO			AAC Cont	racting	Inc.					***
Address:	175 Humbol	t St.				W + D C =				777
City:	Rochester		State:	New	York			Zip:	14609	1807.040
Contact:	Craig Everh	art						Tel:	(585) 527-80	000 ext. 122
OTHER OPE	RATOR:									
Address:				-		-				-
City:	21 - 4	- +	State:	Targetti de	- Lin Li		-	Zip:		
Contact:		- 14		-				Tel:		
III. TYPE OF	OPERATION	(D = Demolitie	on/P - Pon	ovetio	27 :	ID.				
V. IS ASBES	TOS PRESEN	T2 (ves/po):	onik – Ken	YES		R		D24	MORNES ELL.	According to
									HORNES:	
V. FACILITY	DESCRIPTIO	N (include bui	ilding name	, numb	er and	floor	or room	number):		
Bldg. Name:	Kodak Park	2011/02/2012	Floor	1100		13	75	Room		
Address:	1669 Lake A	ve. 14652				-			VI	
Address:	B - 28			9-10-1	ri Pala IVII.					
City:	Rochester	111	State:	New	York		County:	Monroe		
Site Location:	G	4								
Building Size:	A Barrier and the		Sq. Ft:		,607.96	6 # o	f Floors:		Sq. Meter	
Present Use:	70, 6	A	ge in Years	: 67		Pr	ior Use:			
The analysis materials tha Transmission VII. APPROXI NOT BE REM	t were report LEIectron Mi MATE OF RA	ed by PLM a croscopy (TI CM TO BE R	nalysis to l EM) analys EMOVED A	be noi is. AND N	n-asbe: ON-FR	stos IABL	containi E ASBES	ng were sub	sequently a	nalyzed by
Pipes - Linear	Feet			RAC	M to be		noved	Category I	Category II	
Pipes - Linear					1736			ran Pela IV	Take in F	1111
Surface Area -			I SIGN STATE	a DUKS	2000		4 67 777	ander in	Land Head of the	
Surface Area			r. v Meridadk	THE R		336	75 J. Ca. 103			3
Volume RACN				A 17	1100	231	or POSTON	MACHINE IN	ACCUSE NAMED IN	90.
Volume RACN	off Facility C	omponent-Cu	ubic Meter							
VIII. SCHEDU	LED DATES	OF ASBESTO	OS REMOV	AL	o Kary		Start: 2/2015	6 3 2 3 3	Completion 12/31/2015	
X. SCHEDUL					plant .	ryir	Start:	NC (Auth)	Completion	
	removal of a nce with OS	II types of AC HA and Code	CM from ma Rule 56.	any ar	eas an	d eq	uipment	in this build	ing, while be	eing

XII. WASTE T	RANSPORTER #1				
Name:	Waste Management - R	Rochester			
Address:	4746 Model 1661 Mt. R				
City:	Rochester	State:	New York	Zip:	14606
Contact Perso	n: Sue Rossi			Telephone:	(585) 254-7574
	NSPORTER #2				
Name:					
Address:					
City:		State:		Zip:	
Contact Perso	n:			Telephone:	
	DISPOSAL SITE				
Name:	Mill Street Landfill				
Address:	303 Brew Rd.				4440
City:	Bergen	State:	New York	Zip:	14416
Telephone:	(716) 754-8226				
				or included	FUE ACENOV DELOW
XIV. IF DEM	DLITION IS ORDERED E	BY A GOVERN	IMENT AGENCY, PLEA	SE IDENTIFY	THE AGENCY BELOW
Name:	A. A.			Title	
Authority:		-15			
Date if Order	(MM/DD/YY):		Date Ordered to Begin		
	m-4c2 to 4 to				
	ERGENCY RENOVATION				
	r of Emergency (MM/DD				
Description of	f the Sudden, Unexpected	d Event:			
					0 "
Explanation of	f How the Event caused	Unsafe Condit	tions or Serious Disruption	on of Industrial	Operation:
1.1					
		9 6.190			SECTED ACRESTOR
XVI. DESCR	IPTION OF PROCEDUR	E TO BE FOL	LOWED IN THE EVENT	THAT UNEXP	ECTED ASBESTOS
	ND OR PREVIOUSLY NO	N-FRIABLE A	ASBESTOS BECOMES	CRUMBLES, P	ULVERIZED,
OR RED	DUCED TO POWER.				
1					
XVII. I CERT	TFY THAT AN INDIVIDU	AL TRAINED	ON THE PROVISIONS	OF THE REGU	LATION (40 CFR PART
61 SUB	PART M) WILL BE ON-S	ITE DURING	THE DEMOLITION OR F	RENOVATIONS	S AND EVIDENCE
THAT T	HE REQUIRED TRAININ	IG HAS BEEN	ACCOMPLISHED BY T	HIS PERSON	WILL BE AVAILABLE
FOR IN	SPECTION DURING NO	RMAL BUSIN	ESS HOURS. (Required	d 1 year after p	romulgation)
	-1 -		1'11		
	/ smother C	- Can	feeld		December 15,2014
	Signature of Owner/Op	erator	0		Date
			252		
XVIII. I CER	TIFY THAT THE ABOVE	INFORMATIO	ON IS CORRECT.		
	-1	1 1	171		
	/emother (- Can	full		12/15/2014
	Signature of Owner/Op	erator		real property	Date
	9		The state of the s		

Operator F	Project	Postmark	1.7977	Date Re	eceived	Notification	NO PERSONA
	1-00.		es questo d	tige to the gibbs		2015.1218.	dissel
I. T PE OF N	OTIFICATION (O = Or	iginal / R = Revi	sed):)	16012'1814.	" d) 2 D
II. FACILITY I	NFORMATION (identi	fy owner, remov	al contracto	r and other or	perator)	WAY OF THE STATE	
OWNER:	Eastman Kodak Con	npany	ui contracto	r, and other op	ociator)		
Address:	2400 Mt. Read Blvd.	a salabilia	strad lane to	Districted in the	a arrest le facture		
City:	Rochester	State:	New York		Zip:	14650-30)13
Contact:	Timothy Caufield				Tel:	(585) 722-2525	ARSAT SZTYSIACI
	ONTRACTOR:	AAC Contra	acting Inc.		77.000	San	Service Constitution
Address:	175 Humbolt St.		****		1917 100		
City:	Rochester	State:	New York	930 1000	Zip:	14609	
Contact:	Craig Everhart				Tel:	(585) 527-8000 ex	ct. 122
OTHER OPER	RATOR:						
Address:							
City:		State:			Zip:		
Contact:					Tel:		
III. TYPE OF	OPERATION (D = Dem	nolition/R = Reno	ovation) :	R			
IV. IS ASBES	TOS PRESENT? (yes	no):	YES	įK.			
Plda Nome:	DESCRIPTION (include	building name,	number an	floor or room		Latine A	177
Bldg. Name: Address:	Kodak Park 1669 Lake Ave.	Floor		and the Control	Room		
Address:	B-30					PELEVIS	
City:	Rochester	Ctoto	Now York	T 0	142		
Site Location:	Nochester	State:	New York	County	Monroe		
Building Size:		Sq. Ft:	655 AGO 6	5 # of Floors:		O- M-1	
Pr nt Use:		Age in Years:		Prior Use:		Sq. Meter	
VI. PROCEDU	JRE, INCLUDING ANA	LYTICAL METH	OD, IF APF	ROPRIATE, L	ISED TO DET	ECT THE	
	F ASBESTOS MATER						
that were re-	was performed by Po	larized Light M	icroscopy	(PLM) analysi	s. Selected n	on-organically bo	und materials
Electron Micr	orted by PLM analysis	s to be non-ast	estos cont	aining were s	ubsequently	analyzed by Tran	smission
and the second second second second	oscopy (TEM) analys			and the second			
VII. APPROXI	MATE OF RACM TO B	E REMOVED A	ND NON-FI	RIABLE ASBE	STOS MATER	RIAL THAT WILL	
NOT BE REM	OVED. SPECIFY THE	AMOUNT OF A	SBESTOS	BELOW:			
			- 2	rus e			F F 1.4
			2				
							1 1 2
	*		DACME	- K	TA		
Pipes - Linear	Foot			e Removed	Category I	Category II	
Pipes - Linear		THE STATE OF	200				
Surface Area -			200	0			-
	· Square Meters	7 properties	200	CHARLE TO TAKE			-
	off Facility Componer	t-Cubic Feet	Children at the	PACE OF PROPERTY	10 To 10 To 10	A MINISTER OF THE	-
	off Facility Componen			100	7 7 9		
				T 6: :			
VIII. SCHEDU	LED DATES OF ASBE	STOS REMOVA	\L	Start:		Completion	
IV COLUEDIU	ED DATES OF DELLA	LITION/SENS	(A TIO: 1	1/2/2015		12/31/2015	
IV. SCHEDOL	ED DATES OF DEMO	LITION/RENOV	ATION:	Start:		Completion	The state of the s
				1			
		*					

							(O) TO DE LICED	
X. DESCRIPT	ION OF PLA	NNED DEMO	LITION OR	RENOVATIO	N WORK, AN	ID METHOD	(S) TO BE USED:	
				ny areas and	equipment	in this build	ing, while being	
in complia	nce with OS	HA and Code	Rule 56.	CINEEDING	CONTROLS	TO BE LISE	D TO PREVENT	
XI. DESCRIP	TION OF WC	ORK PRACTIC	ES AND EN	N AND REN	CONTROLS	LE.	DIOPREVENT	
EMISSION	S OF ASBES	OIOS AI THE	DEMOLITIC	glove bags,	negatively n	ı L. Yassurizad	tent and	
onclosure	nciuu	clothing NI	OSH approv	ed respirator	and hepa v	acuums.		
enclosure	s, protective	Ciotining, iti	oon applot					
XII. WASTE T	RANSPORT	ER #1						
Name:	Waste Mana	agement - Ro						
Address:	4746 Model	1661 Mt. Re					1100	
City:	Rochester		State:	New York		Zip:	14606	
Contact Perso	n:	Sue Rossi				Telephone:	(585) 254-7574	
WASTE TRAN	SPORTER	#2						
Name:								
Address:								
City:			State:			Zip:		
Contact Perso	n:					Telephone:		
XIII. WASTE	DISPOSAL S	ITE						
Name:	Mill Street L							
Address:	303 Brew R	d.		4772			36 j	
City:	Bergen		State:	New York		Zip:	14416	
Telephone:	(716) 754-82	226					200	
XIV. IF DEMO	DLITION IS C	RDERED BY	A GOVERN	MENT AGEN	CY, PLEASE	IDENTIFY	THE AGENCY BELOW	
Name:		974	The state of the state of			Title	- A Charles and All All	
Authority:		7 1 1 1 1 1 1 1 1						
Date if Order	(MM/DD/YY):		Date Ordere	d to Begin:			
XV. FOR EME	RGENCY R	ENOVATION	S					
Date and Hou								
Description of								
				Carlau	- Diswention	of Industrial	Operation:	-
Explanation o	f How the Ev	ent caused U	nsate Conditi	ions or Seriou	s Disruption (oi industriai	Operation.	
							ECTED ASBESTOS	
The second of th			N-FRIABLE A	SBESTOS BI	ECOMES CR	UMBLES, P	ULVERIZED,	
OR RED	UCED TO P	OWER.						
				00				
XVII. I CERT	IFY THAT A	NDIVIDUA	L TRAINED (ON THE PRO	VISIONS OF	THE REGU	LATION (40 CFR PART	
61 SUBI	PART M) WIL	L BE ON-SIT	E DURING 1	HE DEMOLI	TION OR REI	NOVATIONS	AND EVIDENCE	
							WILL BE AVAILABLE	
FOR INS	SPECTION D	URING NOR	MAL BUSINE	ESS HOURS.	(Required 1	year after pr	o 1/6/2011	
	Time	The C	(01)	1.00			December 15, 20	14
		f Owner/Oper	entor	rever	-		Date December 15, 20	17
				- 2				
XVIII. I CER	TIFY THAT T	HE ABOVE II	NFORMATIC	N IS CORRE	CT.			_
	Timo	They C.	Caul	well			December 15, 2014	
	Signature o	f Owner/Oper	ator	I.W			Date	

Work pra	actices incl	ude use o	f wet techni	ques, g	AND RENOVAT	tively pressurize	d tent and
enciosu	res, protect	ive clothi	ng, NIOSH a	pprove	respirator and	hepa vacuums.	
XII. WASTE	TRANSPO					An series seen	A CAMPACT TO PAGE
Name:	Waste Ma	anagemei	nt - Rochest	er		7707	
Address:	4746 Mod	del 1661 N	It. Read Blv	d.	手 铸铁矿 二十四十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二		10.29 (127)
City:	Rocheste	er 🦾 🗀	S	state: N	ew York	Zip:	14606
Contact Per	son:	Sue R	ossi		Hall San March	Telephone	: (585) 254-7574
WASTE TR	ANSPORTE	R #2			V 3439 4448		EL SUR PER LES SERVICES
Name:		* 4.00					
Address:							
City:			5	tate:		Zip:	
Contact Per	son:		a second or the			Telephone	
						Troiophone	
	DISPOSAL	SITE	en laple en encour				
Name:	Mill Stree	t Landfill	The state of	RI -	(nadaveneo-a	tactional a 0)	CHASISS TO BUYE
Address:	303 Brew	Rd.			CAN'T TO THE	10/02/27 1194	PERSONAL PROPERTY.
City:	Bergen		S	tate: N	lew York	Zip:	14416
Telephone:	(585) 754	-8226		100			
Alger I seemed to						And Districted	
XIV. IF DEN	MOLITION IS	ORDER	ED BY A GO	VERNM	ENT AGENCY, P	LEASE IDENTIFY	THE AGENCY BELOW
Name:		to the final				Title	
Authority:	on constitution	design in the					THE STATE OF THE S
Date if Orde	r (MM/DD/Y	Y):		- Properties	ate Ordered to B	egin:	
	dana ka 1						
	MERGENCY					. N. S	
Date and Ho	our of Emerg	ency (MN	1/DD/YY):			THE MENT OF STREET	
Description	of the Sudde	n, Unexpe	ected Event:			JAMESTAN NO	
between His	VALUE OF SAME	Tall balls	alterior (MJ47 Y	Light Microsoft	beautains of them	(SCOAT) et ar diseylean de l'
Explanation	of How the E	Event caus	sed Unsafe C	condition	s or Serious Disr	uption of Industria	Operation:
			TOTAL F	Mary.	HOME GROW ONLY		
			No.	100	FEATURE NO. 15	ACTUAL DE LA SELECTION OF THE SECOND	THE TANK THE PERSON NAMED IN THE PERSON
XVI. DESCI	RIPTION OF	PROCE	OURE TO BE	FOLLO	WED IN THE EV	ENT THAT UNEXE	PECTED ASBESTOS
IS FOU	IND OR PRE	EVIOUSLY	NON-FRIAI	BLE ASI	ESTOS BECOM	ES CRUMBLES, F	PULVERIZED,
OR RE	DUCED TO	POWER.					
XVII. I CER	TIFY THAT	AN INDIV	IDUAL TRAII	NED ON	THE PROVISION	NS OF THE REGU	LATION (40 CFR PART
61 SUE	BPART M) W	/ILL BE OI	N-SITE DUR	ING TH	DEMOLITION C	OR RENOVATIONS	S AND EVIDENCE
THAT	THE REQUI	RED TRAI	NING HAS E	EEN A	COMPLISHED E	BY THIS PERSON	WILL BE AVAILABLE
FOR IN	ISPECTION	DURING	NORMAL BU	JSINES	HOURS. (Requ	ired 1 year after p	romulgation)
	-1	11	0	1	10		
	Inio	they (· Car	efle			December 15, 2014
	Signature	of Øwner	Operator	0			Date
www.	- Mel-Val		1 15 2			distribution of	
XVIII. I CEF	RTIFY THAT	THE ABO	VE INFORM	ATION	S CORRECT.		
	-	11	0	1.	11		
	unic	my (- Cai	ful			December 15, 2014
	Signature	of Olymor	Onorotor	//			Date

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT

Operator Pr	roject	Post	mark	e data silvat	Date Rec	Notificat	ion	
						1	·	0
I TYPE OF NO	TIFICATION	N (O = Original / R =	Povis	eq).	0		2012.15	
			- 10				. D. I. X.	
		N (identify owner, r	emova	l contractor, a	and other ope	rator)		
OWNER:		dak Company						
Address:	2400 Mt. Re			N V - k		7	44050 0040	
City:	Rochester		tate:	New York		Zip:	14650-3013 (585) 722-252	25
Contact:	Timothy Ca					Tel:	(383) 122-23	25
REMOVAL CO	A CONTRACTOR OF THE PARTY OF TH		Contra	cting Inc.				
Address:	175 Humbo							
City:	Rochester	The second secon	tate:	New York		Zip:	14609	0 - 1 400
Contact:	Craig Everh	art				Tel:	(585) 527-800	U ext. 122
OTHER OPER	RATOR:							
Address:								
City:		- S	tate:			Zip:		
Contact:						Tel:		
III. TYPE OF O	OPERATION	(D = Demolition/R =	= Reno	vation) :	R	-		
IV. IS ASBES				YES			a. T	
						1 3		
		N (include building		number and t	loor or room r			
Bldg. Name:	1669 Lake		oor			Room		
Address: Address:	B-31	Ave. 14052						
City:	Rochester	T e	tate:	New York	County:	Monroe	- India A	
Site Location:	Rochester		iaie.	INGW TOTA	County.	Monroe		
Building Size:		I So	. Ft:	269 467 35	# of Floors:		Sq. Meter	
Present Use:			Years:		Prior Use:		eq. motor	
						SED TO DET	FOT THE	
		ING ANALYTICAL	METH	OD, IF APPR	OPRIATE, U	SED TO DET	ECLINE	
		OS MATERIAL:	:l-4 N#	lanasaanu /D	I M) analysis	Calcated a	on organical	v bound
ine analysis	was perform	ned by Polarized L ted by PLM analys	ignt ivi	icroscopy (F	tos containi	a wore sub	coguently an	alyzed by
		ted by PLW analys licroscopy (TEM) a			tos containi	ig were sub	sequently and	aryzed by
VII. APPROX	MATE OF R	ACM TO BE REMO	VED A	ND NON-FRI	ABLE ASBES	TOS MATER	RIAL THAT WI	LL
		CIFY THE AMOUN						
				RACM to be		Category I	Category II	
Pipes - Linear				2000	14		212	
Pipes - Linear			11	Obsopping to			11	
Surface Area				2000			10	
Surface Area								
		Component-Cubic I						
Volume RACI	M off Facility	Component-Cubic I	vieter					
VIII. SCHEDU	JLED DATES	OF ASBESTOS R	EMOVA	AL	Start:		Completion	
				a Mark Barrier	1/2/2015		12/31/2015	
IX. SCHEDU	LED DATES	OF DEMOLITION/	RENOV	/ATION:	Start:	7	Completion	
					N			
\							district his control of	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.

Operator P	Project		Postmark			Date Re	ceived	Notific	ation
					Mar legit	DOMEST BY			10 Acl. 0
I. TYPE OF N	OTIFICATION	V (O = Origin	al / R = Rev	rised)	1 - 17 10	0		1015.10	14.19x41
Annual Control of the							and the same of th		
II. FACILITY II OWNER:	Eastman Ko	dak Compo	wner, remo	vai co	ntractor,	and other op	erator)		
Address:	2400 Mt. Re		ny				- 15 July 1		
City:	Rochester	au bivu.	Ctoto	Ma	- VI	Telito (Trui)	1955 autor	P.C. ECHENIC	glilage
Contact:	Tim Caufield	4	State:	Ne	w York		Zip:	14650-3013	100,000
REMOVAL CO							Tel:	(585) 722-25	525
Address:	175 Humbol		AAC Cont	ractir	g Inc.				
City:	Rochester	t St.	01.1			-			
Contact:			State:	Ne	v York		Zip:	14609	1000
and the second s	Craig Everh	art					Tel:	(585) 527-80	00 ext. 122
OTHER OPER	RATOR:								
Address:					-				
City:			State:				Zip:		
Contact:		****					Tel:	THE RESERVE	
III. TYPE OF (OPERATION	(D = Demoliti	on/R = Ren	ovati	an) :	R	Love Con		
IV. IS ASBES	TOS PRESEN	T? (ves/no)		YE		<u>IX</u>			
	474.75								
V. FACILITY	DESCRIPTION	N (include bu		, num	ber and	floor or room	number):		
	Kodak Park		Floor				Room		
Address:	1669 Lake A	ve. 14652		III.					
Address:	B-35								
City:	Rochester		State:	Ne	w York	County:	Monroe		775
Site Location:								THE SALES AND	
Building Size:			Sq. Ft:		2,250.05	# of Floors:		Sq. Meter	
Present Use:		<i>F</i>	ge in Years	s: 84		Prior Use:	Mark Street		4V-11-31-31
VI. PROCEDU	JRE, INCLUD	ING ANALYT	ICAL MET	HOD,	IF APPR	OPRIATE, U	SED TO DET	FECT THE	WE SET
PRESENCE C	OF ASBESTO	S MATERIAL	:						with the same of
The analysis	was perform	ed by Polari	zed Light I	Micro	scopy (P	LM) analysis	s. Selected r	on-organical	ly bound
materials that	t were report	ed by PLM a	nalysis to	be no	n-asbes	tos containi	ng were sub	sequently an	alyzed by
Transmission	Electron Mi	croscopy (T	FM) analys	eie	B				
VII. APPROXI	MATE OF RA	CM TO BE F	REMOVED	AND I	NON-FRI	ABLE ASBES	STOS MATER	RIAL THAT W	LL
NOT BE REM	OVED. SPEC	CIFY THE AN	OUNT OF	ASBE	STOS B	ELOW:			
					8401				6 1
Diagonal Line			<u> </u>	RA		Removed	Category I	Category II	
Pipes - Linear	The second secon	11 2 10 1/34	31 -013	1111	2000	Marin de 200	20 TO 18	- 11 77140-9	
Pipes - Linear		Man - 204	LYS OTHER		0000	STEEL SOLD FOR	MEST 0318	LUCYCLA SHOT	
Surface Area			ORACO LEIL	3 6 1	2000				-
Surface Area - Volume RACM	off Ecolists	omponent C	ubio East	-			-	1	
Volume RACM	off Facility C	omponent-C	ubic Feet				1 100	100	i
VIII. SCHEDU	LED DATES	OF ASBEST	OS REMOV	'AL		Start:		Completion	
					3 250	1/2/2015	a Tip Be	12/31/2015	S. HITCH
IX. SCHEDUL	ED DATES C	F DEMOLIT	ION/RENO	VATIO	DN:	Start:		Completion	
	47.75				N4	A STATE OF) 97: "	1160 12	1
	at the state	ober ande	eritativa erita			CENTRAL PROPERTY.			otejona i lid

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums. XII. WASTE TRANSPORTER #1 Waste Management - Rochester Name: 4746 Model 1661 Mt. Read Blvd. Address: State: New York 14606 Zip: City: Rochester Telephone: (585) 254-7574 Sue Rossi Contact Person: WASTE TRANSPORTER #2 Name: Address: Zip: State: City: Telephone: Contact Person: XIII. WASTE DISPOSAL SITE Mill Street Landfill Name: 303 Brew Rd. Address: 14416 State: New York Zip: Bergen City: Telephone: (585) 754-8226 XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Title Name: Authority: Date Ordered to Begin: Date if Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) December 15, 2014 Date Signature of Owner/Operator XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator

December 15, 2014

Date

Operator F	Project	THE THE	Postmark		THE LATE	Date Re	ceived	Notific	
I. TYPE OF N	OTIFICATION	(O = Origina	al / R = Revis	sed)	- Oly 1	0	and the same spin	13181	MIA.
II. FACILITY I					t tractor		The second secon	4,3121	
OWNER:	Eastman Ko	dak Compa	wiler, remev	ai co	ilractor,	and other op	erator)	*	
Address:	2400 Mt. Rea		ТУ						Thete all
City:	Rochester	ad Divu.	State:	Nia	Vaula		A ROTH CAL	a Stament	A POLICE
Contact:	Timothy Cau	ıfield	State.	ive	w York	.emil resu	Zip:	14650-3013	
				_			Tel:	(585) 722-69	967
REMOVAL Co		Marie Control of the	AAC Contra	actin	g Inc.		RIGH BUILT		
	175 Humbol	t St.							
City:	Rochester		State:	Ne	w York		Zip:	14609	11.17.6.27
Contact:	Craig Everh	art					Tel:	(585) 527-80	00 ext. 122
OTHER OPE	RATOR:								
Address:			4-1	-	in the theory				
City:	4000	and the state of	State:				Zip:		
Contact:							Tel:	The Section of the Section Sec	Statute Total
III. TYPE OF	OPERATION	D = Demoliti	on/P = Pond	.voti	n\.	in .			
IV. IS ASBES	TOS PRESEN	IT? (yes/no)	:	YE		R		nere di stati	(A. 1995)
	A HE ST			_					
V. FACILITY I Bldg. Name:	Kodok Pork	v (include bu	liding name,	num	per and	loor or room			
Address:	1669 Lake A	44050	Floor				Room		
Address:	B - 42	ve. 14652							The RESIDENCE OF THE PARTY OF T
City:			01.1						
Site Location:	Rochester		State:	Ne	V York	County:	Monroe		A Property Lab
					33.78			LATER OF B	
Building Size:			Sq. Ft;		0,080.63	# of Floors:		Sq. Meter	
Present Use:		A	ge in Years:	63		Prior Use:		WAVE TO U.	Calcol 177
VI. PROCEDU PRESENCE O The analysis materials tha	OF ASBESTOS was perform t were reporte	S MATERIAL ed by Polari ed by PLM a	: zed Light M nalysis to b	licro:	scopy (P n-asbes	LM) analysis	s. Selected r	non-organical	alvzed by
Transmission VII. APPROXI NOT BE REM	MATE OF RA	Croscopy (T CM TO BE R	EM) analysi REMOVED A	S. ND I	ION-FRI	ABLE ASBES	STOS MATE	RIAL THAT W	ILL
. 37.75 - 3									796. 역 US-원 되나의
				RA		Removed	Category I	Category II	
Pipes - Linear					2000				
Pipes - Linear									
Surface Area	Square Feet	yan al Ca	CHO BAYO		2000		REPORTED AND	TAHT VALS	
Surface Area	- Square Mete	rs	White ships Te		5 5 7	THE PARTY OF	6,570, 90, 7 to	WINI THACK	
Volume RACN				MIT.	0.307 3	THE PART OF	T DANKE TO S	BULL TART	
Volume RACN	n oπ Facility C	omponent-Cu	ubic Meter	100	W 275		מעופלעמעעל	4700 18022	
VIII. SCHEDU	LED DATES (OF ASBESTO	OS REMOVA	۸L	100	Start: 1/2/2015	IN C	Completion 12/31/2015	
IX. SCHEDUL	LED DATES C	F DEMOLIT	ION/RENOV	'ATIC	N:	Start:	action digital	Completion	
				7.7			SWELL SHIP	(FIG. 1 - 7-34 177)	ATTENDED

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many a reas and equipment in this building, while being in compliance with OSHA and Code Rule 56.

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Signature of Owner/Operator

12/15/2014

Operator F	Operator Project Postma	K	Li Hori	Date Re	ceived	Notification	W 75	
		BIRBINGTAVO		Mark DV	1.154 (1.54	T 1-8-2	24.8161.2005	770
I. TYPE OF N	OTIFICATION	(O = Original / R = Rev	vised)	- 1 M. M. L.	0		1.4.2010.13	1270
		(identify owner, remo		ntractor	and other on	onatou)		
OWNER:	Eastman Kod	ak Company	val co	ili actor,	and other op	erator)		
Address:	2400 Mt. Read	Blvd.						
City:	Rochester	State:	Nev	v York	1744	T Zin:	44650 2042	
Contact:	Timothy Cauf	ield	110	TOIR	2017 17 17 17	Zip:	14650-3013	
REMOVAL CO	ONTRACTOR:					i ei.	(585) 722-2525	
Address:	175 Humbolt	AAC Cont	ractin	g Inc.				
City:	Rochester	State:	No	v York				
Contact:	Craig Everhar		146/	V TORK	-	Zip:	14609	
						Tel:	(585) 527-8000 ex	kt. 122
OTHER OPE	RATOR:	The section of the section of			400			Linear Ch
Address:								
City: Contact:		State:				Zip:		
						Tel:		
III. TYPE OF	OPERATION (D	= Demolition/R = Rer	novatio	n):	R	To Product 3	A LIE ENG	
IV. IS ASBES	TOS PRESENT	? (yes/no):	YES			5.0	Marit CCC Ser	The s
V FACILITY I	DESCRIPTION	(include building name	. n	2016-1				
Bldg. Name:	Kodak Park	(include building name Floor	e, num	per and t	loor or room			
Address:	1669 Lake Ave					Room		
Address:	B - 47	3. 14032						
City:	Rochester	State:	Nov	York	Country	184		
Site Location:	recitoto	J State.	IAEA	TOIK	County.	Monroe		-
Building Size:	4	Sq. Ft:	T 0	8 210 92	# of Floors:		Ca Matas	
Present Use:		Age in Year		J,Z 13.0Z	Prior Use:		Sq. Meter	
	IDE INOLLIDIA				The state of the s			
DRESENCE C	OF ASBESTOS	G ANALYTICAL MET	HOD,	F APPR	OPRIATE, U	SED TO DET	ECT THE	a year
materials the	was periorined	by Polarized Light	VIICTOS	copy (P	LM) anaiysi	s. Selected n	on-organically bo	und
Transmission	t were reported	by PLM analysis to	be no	n-aspes	tos containi	ng were sub	sequently analyze	ed by
VII. APPROXI	MATE OF RAC	M TO BE REMOVED	SIS. AND N	ON-ERI	ARI E ASRES	STOS MATER	DIAL THAT WILL	
NOT BE REM	OVED. SPECII	THE AMOUNT OF	ASRE	STOS BI	ELOW.	STOS WATER	NAL ITIAT WILL	
			71000	1000	LLOVV.			
				÷ =				
	are la cica		IRAC	M to be	Removed	Category I	Category II	-
Pipes - Linear	Feet	LANCESTE ON THE	(a red at	2000	California de Propinsi	22.090171	30.0g01 j 11	
Pipes - Linear		alem iden volunte	195.5	hearth Lin	TORS SHOULD BE	BUT A BEY THE	Central of the	
Surface Area	- Square Feet	abstractor in produces dis-	State of	2000	SELECT TRANSPORT	hia Abroni n	LANGE OF THE RESIDENCE OF THE PERSON OF THE	
Surface Area	- Square Meters							
Volume RACN	I off Facility Cor	mponent-Cubic Feet			100	1.3		
Volume RACM	off Facility Cor	mponent-Cubic Meter				11-0- 0 X		
		ASBESTOS REMOV	/ ^ !		01			
VIII. SCHEDU	LED DATES OF	- ASBESTOS KEMOV	/AL	Sa Moi	Start: 1/2/2015	ettera Leci	Completion 12/31/2015	
IX. SCHEDUI	ED DATES OF	DEMOLITION/RENO	VATIO	N:	Start:	A 20.0	Completion	
		D LING EN TOWN LENG	77110		Otart.		Completion	

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XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT

EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

1 v 3.5	Operator Project Po	Postmark	5701	T NET EXP	Date Re	ceived	Notification		
		.4762	NOT AVOS	GE 6	الزراد حام	LOVED BE	TA SOTE	2015.13	25/21.
and the same of th	NOTIFICATION			-	m (M) (F)	0	Control of the Contro	1-4.5.	114.140
II. FACILITY	INFORMATIO	N (identify or	wner, remov	al co	ntractor.	and other op	erator)	112000 2000	
OWNER:	Eastman Ko	dak Compa	ny				Ph. 13.2 (1	PAGE ALT	1 3 W TO
Address:	2400 Mt. Res	ad Blvd				No. Nation of Parts	- to all to next	and short to	100
City:	Rochester		State:	Nev	v York	Student Name of	Zip:	14650-3013	
Contact:	Timothy Car	ufield		1000	Sept. 18	and a second	Tel:	(585) 722-25	525
	CONTRACTOR		AAC Contr	ractin	g Inc.		3707	(1984)	E LIEBHA
Address:	175 Humbol	t St.							
City:	Rochester		State:	Nev	v York		Zip:	14609	0 1 2 0
Contact:	Craig Everh	art					Tel:	(585) 527-80	00 ext. 12:
OTHER OPE	RATOR:	-							
Address:									
City:			State:				Zip:		Charles .
Contact:							Tel:		
II TYPE OF	OPERATION	(D = Dom al''	on/D = D=			Б	101.		
V IS ASRE	OPERATION STOS PRESEN	IT? (vec/se)		YES		R	HEARE.	PARKE SHEAT	A TEST
								WWTG (230)	1220002
V. FACILITY	DESCRIPTION	N (include bu	ilding name	, num	per and f	loor or room	number):		
Bldg. Name:	Kodak Park		Floor		mark making		Room		
Address:	1669 Lake A	ve. 14652		Will T		actual 2 of	100000000000000000000000000000000000000	STREET, STATE	Desirate of
Address:	B -56			7 7					
City:	Rochester		State:	Nev	/ York	County:	Monroe		
				-	100			the state of the s	
Building Size	:		Sq. Ft:		,988.79	# of Floors:		Sq. Meter	
Building Size	:		Sq. Ft: Age in Years		7,988.79	# of Floors: Prior Use:		Sq. Meter	
Building Size Present Use: VI. PROCED	URE, INCLUD	ING ANALYT	ge in Years	: 93	restor to	Prior Use:	SED TO DET		
Building Size Present Use: VI. PROCED PRESENCE	URE, INCLUD	ING ANALYT S MATERIAL	ge in Years ICAL METH	93 HOD,	F APPR	Prior Use: OPRIATE, U		FECT THE	
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Building Size Present Use: VI. PROCED PRESENCE The analysis materials that Transmissio VII. APPROX NOT BE REM Pipes - Linea Pipes - Linea Gurface Area Volume RAC Volume RAC VIII. SCHEDU	URE, INCLUD OF ASBESTOR S was perform at were report IN Electron Mi CIMATE OF RA MOVED. SPEC	ING ANALYT S MATERIAL ed by Polari ed by PLM a croscopy (T CM TO BE R CIFY THE AM ers component-Ci component-Ci component-Ci component-Ci component-Ci	Age in Years ICAL METH ized Light M analysis to be EM) analys REMOVED A MOUNT OF A ubic Feet ubic Meter OS REMOVA	RAC	ECOPY (Pon-asbestion in the control of the control	Prior Use: OPRIATE, U LM) analysis tos containi ABLE ASBES ELOW: Removed Start: 1/2/2015	s. Selected r ng were sub STOS MATER	Category II Completion 12/31/2015	alyzed by
Building Size Present Use: VI. PROCED PRESENCE The analysis materials that transmissio VII. APPROX NOT BE REM Pipes - Linea Pipes - Linea Gurface Area Volume RAC Volume RAC VIII. SCHEDU	URE, INCLUD OF ASBESTOR S was perform at were report on Electron Mi CIMATE OF RA MOVED. SPECT The Feet The Meters Square Feet Square Meters Moff Facility Common of the c	ING ANALYT S MATERIAL ed by Polari ed by PLM a croscopy (T CM TO BE R CIFY THE AM ers component-Ci component-Ci component-Ci component-Ci component-Ci	Age in Years ICAL METH ized Light M analysis to be EM) analys REMOVED A MOUNT OF A ubic Feet ubic Meter OS REMOVA	RAC	ECOPY (Pon-asbestion in the control of the control	Prior Use: OPRIATE, U LM) analysis tos containi ABLE ASBES ELOW: Removed Start:	s. Selected r ng were sub STOS MATER	Category II	alyzed by

in compliance with OSHA and Code Rule 56.

EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums. XII. WASTE TRANSPORTER #1 Waste Management - Rochester Name: 4746 Model 1661 Mt. Read Blvd. Address: 14606 State: New York Zip: Rochester City: Telephone: (585) 254-7574 Sue Rossi Contact Person: WASTE TRANSPORTER #2 Name: Address: Zip: State: City: Telephone: Contact Person: XIII. WASTE DISPOSAL SITE Mill Street Landfill Name: Address: 303 Brew Rd. 14416 **New York** Zip: State: City: Bergen (585) 754-8226 Telephone: XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Name: Authority: Date Ordered to Begin: Date if Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) December 15, 2014 Signature of Owner/Operator Date XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. December 15, 2014 Signature of Owner/Operator Date

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT

Operator F	Operator Project	Postmark	74.1	- 120	Date Re	ceived	Notific	ation	
		2442			by arca	NORSO L		2015-1211	1.06000
I. TYPE OF N	IOTIFICATION	V (O = Origin	al / R = Revi	ised)	ereber	C	The for section	10012.1811	1.700ba
II. FACILITY I			The second secon						
OWNER:	Eastman Ko	dak Compa	nv	ai co	ill actor,	and other op	erator)		
Address:	2400 Mt. Re		ily	-	-				THE STATE OF
City:	Rochester	au Divu	State:	No	w York		7:	44050 0040	
Contact:	Timothy Car	ufield	State.	Me	VIOIK	ALME LAND	Zip: Tel:	14650-3013 (585) 722-2	FOF
	ONTRACTOR		4400-4				T Tel.	(365) 122-2	020
Address:	175 Humbol	St. Committee of the Co	AAC Contr	actir	g Inc.		aline y aveni	102	SH DELINE
City:	Rochester	131	Ctata	N.	. V - I				
Contact:	Craig Everh	art	State:	Ne	v York		Zip:	14609	a cansays
		art					Tel:	(585) 527-80	00 ext. 122
OTHER OPE	RATOR:								Interest No. 1
Address:	The second second						Andrew Constitution		
City:	NAMES OF TAXABLE		State:				Zip:		
Contact:							Tel:		
III. TYPE OF	OPERATION	(D = Demoliti	on/R = Ren	ovatio	n) ·	R	1/245 - V	NAME OF TAXABLE	A 5 8 3 8 1 1 7 8 7 8
IV. IS ASBES	TOS PRESEN	T? (yes/no)	:	YE		1.3		ALCOHOL: AND A	0.00
V. FACILITY I	DESCRIPTION	V (include bu		, num	per and	floor or room			
Bldg. Name:		440==	Floor				Room	The Charles	
Address:	1669 Lake A	ve. 14652		-	C. hills				
Address:	B-59								
City:	Rochester		State:	Nev	V York	County:	Monroe		
Site Location:					15/60				
Building Size:			Sq. Ft:		9,871.32	# of Floors:		Sq. Meter	
Present Use:		P	ge in Years	: 39		Prior Use:			
VI. PROCEDU PRESENCE (JRE, INCLUD	ING ANALYT	ICAL METH	1OD,	F APPR	OPRIATE, U	SED TO DET	TECT THE	than "
					/F	I M) analusi	. Calastad		1.03
The analysis	t were report	ed by Polari	zed Light iv	licro	scopy (P	LIVI) analysis	s. Selected r	ion-organica	ly bound
materials tha Transmission	t were report	ed by PLIVI a	malysis to i	be no	n-aspes	tos containi	ng were sub	sequently an	alyzed by
VII. APPROXI	MATE OF RA	CM TO BE F	EMOVED A	IS.	ION-FRI	ARI E ASRES	STOS MATE	DIAL THAT W	11 1
NOT BE REM	OVED. SPEC	CIFY THE AM	OUNT OF	ASRE	STOS B	FLOW:	STOS WATE	VIAL ITIAT VV	ILL
		4 794 4	100111 01 7	TODL	1.000	LLOVV.			
					W				
					and the same				
Title 6-15	ATTACK TO	75	2 2 3	RAC	M to be	Removed	Category I	Category II	
Pipes - Linear	Feet		The short of	1000	2000	Tallioved	Category I	Category II	
Pipes - Linear		make to ma	Tarin marin	10000		Secretary Control	territoria de la compansión de la compan	/	
Surface Area					2000				
Surface Area									
Volume RACN		ADJOE AND ADDRESS OF THE PARTY	ubic Feet	1			7		
Volume RACM					-	4 7 1 4 1			
VIII. SCHEDU	LED DATES (OF ASBEST	OS REMOVA	AL		Start:		Completion	
				1997	A SHAROL	1/2/2015	WUSA HAY	12/31/2015	127 3570
IX. SCHEDUL	LED DATES C	F DEMOLIT	ON/RENOV	/ATIC	N:	Start:	1/-	Completion	
					V. 1001. N	pauline !	200	Service of the servic	
for all or a		تعرفانيا بمبرث	Linkship Mas				Topid to	the the con-	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many a reas and equipment in this building, while being in compliance with OSHA and Code Rule 56.

Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums. XII. WASTE TRANSPORTER #1 Waste Management - Rochester Name: 4746 Model 1661 Mt. Read Blvd. Address: 14606 **New York** Zip: State: Rochester City: Telephone: (585) 254-7574 Sue Rossi Contact Person: WASTE TRANSPORTER #2 Name: Address: Zip: State: City: Telephone: Contact Person: XIII. WASTE DISPOSAL SITE Mill Street Landfill Name: 303 Brew Rd. Address: 14416 Zip: State: New York Bergen City: (585) 754-8226 Telephone: XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Title Name: Authority: Date Ordered to Begin: Date if Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) December 15, 2014 Date Signature of Owner/Operator XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. December 15, 2014 Date Signature of Owner/Operator

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT

EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Operator F	Project		Postmark			Date Re	ceived	Notificat	tion
	7				ECO (SA)				
I TYPE OF N	OTIFICATION	1/0 = 0-i-i-	-17B B			L Let a secure as	e er en er	2015.19	
I. TYPE OF N						0		200	04
II. FACILITY I	NFORMATIO	N (identify o	wner, remov	al co	ntractor,	and other op	erator)	oftograms near	Salara II
OWNER:	Eastman Ko	dak Compa	ny						
Address:	2400 Mt. Re	ad Blvd					D 187	ADDL HART	1.00
City:	Rochester		State:	Ne	w York	3216,37,205	Zip:	14650-3013	72531
Contact:	Timothy Ca					bad filed	Tel:	(585) 722-252	5
REMOVAL CO			AAC Contr	actir	g Inc.				
Address:	175 Humbol	t St.		100					
City:	Rochester		State:	Ne	w York		Zip:	14609	
Contact:	Craig Everh	art					Tel:	(585) 527-800	0 ext. 122
OTHER OPER	RATOR:								
Address:	9 4	apara ara a							
City:	-1 1-1 1		State:				Zip:		
Contact:							Tel:	1 - 2	
III. TYPE OF (OPERATION	(D = Demoliti	ion/R = Ren	ovatio	nn) ·	R			
IV. IS ASBES	TOS PRESEN	T? (ves/no)	:	YE		IX.		Care District	
				_					
V. FACILITY	JESCRIPTION	N (include bu	ilding name	, num	ber and f	loor or room			
Bldg. Name: Address:		14050	Floor				Room		
Address:	1669 Lake A B - 82	ve. 14652							
City:	Rochester		Ctoto	No	. Varia				
Site Location:	Rochester		State:	Ne	v York	County:	Monroe		
Building Size:			Ca Et	140	1 245 42	# -£ 51		T T	
Present Use:			Sq. Ft: Age in Years		1,345.13	# of Floors: Prior Use:		Sq. Meter	
VI. PROCEDU PRESENCE C	JRE, INCLUD	ING ANALYT	TICAL METH	HOD,	IF APPR	OPRIATE, U	SED TO DE	TECT THE	HOR VAL
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meterials the	was perform	ed by Polari	zed Light N	licro	scopy (P	LM) analysis	s. Selected i	non-organically	/ bound
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AND DESCRIPTION OF THE PARTY OF					Later College	× 20 70 70 11	SANCE NOTE	A bin takes to so	
VII. APPROXI	MATE OF RA	CM TO BE F	REMOVED A	I DN	NON-FRI	ABLE ASBES	STOS MATE	RIAL THAT WIL	L.
NOT BE REM	OVED. SPEC	SIFY THE AM	MOUNT OF A	ASBE	STOS BI	ELOW:			
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			The same	IPA	CM to be	Removed	Category I	Cotogony	
Pipes - Linear	Feet	CHILTY DWG.	THU NOT	IVA	1000	Removed	Category	Category II	
Pipes - Linear			T 12 U.S. 1	12707	1000	200 000 00	09 G/A, 19 T-92	TUDTRIBLE	
Surface Area -		12 13 (4/11)	Earlerako -	100	1000	HOUR SHAPE	WILLIAM DO	NORTH THE PARTY	
Surface Area -	Square Mete	ers			100	7		- 7-	
Volume RACM	off Facility C	omponent-C	ubic Feet						
Volume RACM						(JETIS)	ALL DESCRIPTION OF THE	0	
VIII. SCHEDU	I ED DATES	DE ASDESTA	OS DEMOV	۸۱		Ctout		Completion	
VIII. SCHEDU	LED DATES	OF ASDEST	JS KEIVIOV	AL	5 14 14 6	Start:		Completion	
IX. SCHEDUL	ED DATES C	E DEMOLIT	ION/PENO	/ΔΤΙ	NN:	1/2/2015 Start:	14	12/31/2015	
IX. GOITEDUL	LD DATES C	JI DEWOLIT	IOIW/KENU\	AIIC	IN.	Start:	1. 1	Completion	
X. DESCRIPT	ION OF PLAI	NNED DEMO	OLITION OR	REN	OVATIO	N WORK AN	ID METHOD	(S) TO BE USE	<u>D.</u>
Complete	removal of al	I types of A	CM from me	anv a	reas and	equinment	in this build	ling, while bein	D.
	tai vi ai	Jpco oi A	Jili ilik	y a	T Sus and	oquipinient	iii tiliə bullu	iiig, willie belli	9

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums. XII. WASTE TRANSPORTER #1 Waste Management - Rochester Name: 4746 Model 1661 Mt. Read Blvd. Address: State: New York Zip: 14606 Rochester City: Telephone: (585) 254-7574 Contact Person: Sue Rossi WASTE TRANSPORTER #2 Name: Address: Zip: State: Citv: Telephone: Contact Person: XIII. WASTE DISPOSAL SITE Mill Street Landfill Name: 303 Brew Rd. Address: State: New York Zip: 14416 City: Bergen Telephone: (585) 754-8226 XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Title Name: Authority: Date Ordered to Begin: Date if Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) December 15, 2014 XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. December 15, 2014 Signature of Owner/Operator

in compliance with OSHA and Code Rule 56.

Operator P	Project		Postmark			Date Re	ceived	Notific	ation
795		हर्षे को का है,			Ed V	0		1.210.6	21, 4
I. TYPE OF N	OTIFICATION	N (O = Origina	al / R = Revi	ised)	70 T FOLD	0	in the purie	9017.1	Ola.
II. FACILITY I	NFORMATIO	N (identify o	wner remov	al co	ntractor	and other on	orotor)	7 74	44
OWNER:	Eastman Ko	odak Compa	nv	ai co	iti actor,	and other op	erator)	official and	czeline.
Address:	2400 Mt. Re					***			0.77
City:	Rochester		State:	Ne	v York		Zip:	14650-3013	
Contact:	Timothy Ca	ufield			· · · · · ·		Tel:	(585) 722-25	25
REMOVAL CO	ONTRACTOR	2.	AAC Contr	actin	a Inc		T TOIL	(000) 122-20	23
Address:	175 Humbo		AAC COILL	actiii	g mc.				1774
City:	Rochester	N. O.I.	State:	No	v York		7in.	44000	
Contact:	Craig Everh	art	Otato.	110	VIOIK		Zip: Tel:	14609	00 400
OTHER OPER							I el.	(585) 527-80	00 ext. 122
Address:	TATOR.							are and the state of	
City:			Ctata					torrer control	
Contact:			State:				Zip:		37774
							Tel:		
III. TYPE OF	OPERATION	(D = Demoliti	on/R = Ren			R	3718	JASO 4340 B	TRAIN MIX
V. IS ASBES	TOS PRESEI	NT? (yes/no)		YE	6		3/18 ms.2	kunië 96H	עטרעפן:
V. FACILITY	DESCRIPTIO	N (include bu	ilding name	num	her and f	loor or room	number).		
Bldg. Name:	Kodak Park	· · (morado pa	Floor	, marri	Dei aliu i	1001 01 100111	Room		
Address:	1669 Lake A		1 1001				Room		
Address:	B - 83								
City:	Rochester		State:	Nev	v York	County	Monroe		
Site Location:					TOTA	County.	Inomoe		
Building Size:	references are a		Sq. Ft:	119	4.352.04	# of Floors:		Sq. Meter	
Present Use:		À	ge in Years		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Prior Use:	and the last of the last	J Oq. Meter	
VI. PROCEDU PRESENCE C The analysis	OF ASBESTO was perform	S MATERIAL led by Polari	.: zed Light N	licros	сору (Р	LM) analysis	s. Selected r	on-organical	ly bound
materials that Fransmission VII. APPROXI	t were report n Electron Mi	ted by PLM a icroscopy (T	nalysis to I EM) analysi	be no is.	n-asbes	tos containi	ng were sub	sequently an	alyzed by
NOT BE REM	OVED. SPEC	CIFY THE AM	OUNT OF	ASBE	STOS B	ELOW:	3103 MATE	NAL ITAT W	
Nana II	F23			RAC		Removed	Category I	Category II	
Pipes - Linear	The state of the s				1000	Service of the servic	THE PART WHEN	a feet to do to	
Pipes - Linear Surface Area -		NAME OF TAXABLE PARTY.			4000		THE PERSON NAMED IN	COLUMN TOWN	
Surface Area - Surface Area -					1000		THE RESERVED	TO A STATE OF THE	
olume RACM			ubic Foot	-			The state of		
Olume RACM	off Facility C	Component-Compon	ibic Meter	de V		1,000	100		
/III. SCHEDU				AL		Start:	E-CE THEF	Completion	
X. SCHEDUL	ED DATES C	OF DEMOLIT	ION/RENOV	/ATIC	N:	1/2/2015 Start:		12/31/2015 Completion	
	alzi -						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Complete	TON OF PLA	NNED DEMO	LITION OR	REN any a	OVATIO	N WORK, AN equipment	ND METHOD	(S) TO BE US ing, while be	ED: ing

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums. XII. WASTE TRANSPORTER #1 Waste Management - Rochester Name: 4746 Model 1661 Mt. Read Blvd. Address: State: New York Zip: 14606 Rochester City: Telephone: (585) 254-7574 Sue Rossi Contact Person: WASTE TRANSPORTER #2 Name: Address: Zip: State: City: Telephone: Contact Person: XIII. WASTE DISPOSAL SITE Mill Street Landfill Name: Address: 303 Brew Rd. 14416 State: New York Zip: Bergen City: (585) 754-8226 Telephone: XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Title Name: Authority: Date Ordered to Begin: Date if Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) December 15, 2014 Signature of Owner/Operator XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. December 15, 2014 Date Signature of Owner/Operator

Operator F	Project		Postmark			Date Re	eceived	Notifica	ation
	/ b 1 D : G84	JU 18 LU 8	Or 1800.2		The the Co			2015.121	1012.9
the state of the s	OTIFICATION					C			
I. FACILITY I	NFORMATIO	N (identify o	wner, remov	al co	ntractor,	and other op	erator)	district and	rarden.
JWNEK:	Eastman Ko	dak Compa	ny				-,		
Address:	2400 Mt. Rea	ad Blvd					PA GIVE	Value of the	1940
City:	Rochester		State:	Ne	w York	10/00/07/07	Zip:	14650-3013	
Contact:	Tim Caufield	1				THE REAL PROPERTY.	Tel:	(585) 722-25	25
REMOVAL CO	ONTRACTOR	•	AAC Contr	acti	a Inc		1	(000) 122 20	
Address:	175 Humbol	the second secon	AAC COILL	actii	ig inc.				
City:	Rochester	· Ou	State:	No	w York		7:	44000	
Contact:	Craig Everh	art	Otate.	146	VIOIK		Zip:	14609	00 / //
							Tel:	(585) 527-80	00 ext. 12
THER OPE	RATOR:			4-1				and the second second	- middle
ddress:		The second			er transfer out			4-1-1-1-1-1	
City:			State:		and the same		Zip:		
Contact:							Tel:		
I. TYPE OF	OPERATION	(D = Demoliti	ion/R = Reno	ovati	on) ·	R	25710	DEFECTION OF	ALLES IN
V. IS ASBES	TOS PRESEN	T? (ves/no)	·	YE		IX	100000	A STATE OF THE STA	
				-		der de la company			
. FACILITY I	DESCRIPTION	N (include bu	ilding name,	nun	ber and	floor or room	number):		
lag. Name:	Kodak Park		Floor				Room	Tar last	
ddress:	1669 Lake A	ve. 14652							
ddress:	B - 103	100	S 37 Tuests		17000				ATT
ity:	Rochester		State:	Ne	w York	County	Monroe		
ite Location:	the state of the s								
uilding Size:			Sq. Ft:		17,685	# of Floors:		Sq. Meter	
resent Use:		Α	Age in Years	: 89		Prior Use:			
I. PROCEDI	JRE, INCLUD	ING ANALYT	ICAL METH	IOD	IE ADDE	ODDIATE I	ISED TO DE	CEOT THE	
ransmission II. APPROXI OT BE REM	t were report n Electron Mi	ed by PLM a croscopy (T CM TO BE F CIFY THE AM	analysis to be EM) analysis REMOVED AMOUNT OF	is.	on-asbes	stos contain	ing were sub	non-organical esequently and RIAL THAT WI	alyzed by
pes - Linear	Feet			RA	CM to be	Removed		Category II	
ipes - Linear	and the first country of the country		11.125/966	-	1000		Transit -	COLUMN TO SERVE	
	- Square Feet	12 TO 11 TO 1	STATISTICS OF	1	1000		SELECTION OF	15.76 S. 28-10-34	
	- Square Feet - Square Mete			-	1000				
	I off Facility C		ubic Feet	-	1				
	off Facility C			-				Control of the Contro	
								and Higher	
	LED DATES (OF RELIGIO	Start: 1/2/2015	SVOKA ALT	Completion 12/31/2015	511 161
K. SCHEDUL	LED DATES C	F DEMOLIT	ION/RENOV	/ATI	DN:	Start:		Completion	
DESCRIPT Complete	FION OF PLAT	NNED DEMO	OLITION OR	REN	OVATIO	N WORK, Al	ND METHOD	(S) TO BE US	ED:

in complia	nce with OS	HA and Code	e Rule 56.		TROLO TO DE LIGE	D TO DDE VENT
					TROLS TO BE USE	D TO PREVENT
EMISSION	IS OF ASBES	STOS AT THE	DEMOLITIC	N AND RENOVA	HON SITE:	444
Work prac	tices includ	e use of wet t	techniques,	glove bags , neg	atively pressurized	tent and
enclosure	s, protective	clothing, NIC	OSH approv	ed respirator and	nepa vacuums.	
XII. WASTE	TDANSDORT	ED #1			T All THAT	7, 3, 44
Name:		agement - Ro	chester			POSTOR W
Address:	4746 Model	1661 Mt. Rea	ad Blvd.			100 2 (5
City:	Rochester	1001 III 110	State:	New York	Zip:	14606
Contact Perso		Sue Rossi			Telephone:	(585) 254-7574
WASTE TRAI	NSPORTER	#2			to the same	
Name:			10.400		Personal Property and the State of the State	Urag
Address:					1 11 1 1 1 1 1 1 1 1 1 1 1 1 1	and deligible of the second
City:			State:		Zip:	
Contact Perso	on:				Telephone:	
					u	
XIII. WASTE			デー			
Name:	Mill Street I					
Address:	303 Brew R	ld.			7	4446
City:	Bergen		State:	New York	Zip:	14416
Telephone:	(585) 754-8	226	to be the common to the common			
			(1 00) (ED)	MENT ACENOV	DI FACE IDENTIEV	THE ACENCY BELOW
	OLITION IS C	DRDERED BY	A GOVERN	MENT AGENCY,	Title	THE AGENCY BELOW
Name:	1 4 5 5 5 5				Tille	
Authority:	(111/22200			ID-t- Ordered to	Pagin:	
Date if Order	(MM/DD/YY):		Date Ordered to	begin.	
W/ FOD FM	EDOENCY D	ENOVATION	c	75.0		
		ENOVATION				
		ncy (MM/DD/) Unexpected		ra-Asar-States	Lakenele State Fores	ullema care de la
Description o	Title Sudden	, Onexpected	Lvent.		at the first of bull-	ethica a taite and
Explanation (of How the Ev	ent caused III	nsafe Condit	ions or Serious Di	sruption of Industrial	Operation:
Explanation	of How the Ev	ent caused o	risale Coridit	ions of concas bi	orapaorror industria.	
			- White is a second			
XVI DESCE	RIPTION OF F	PROCEDURE	TO BE FOL	LOWED IN THE E	VENT THAT UNEXF	PECTED ASBESTOS
IS FOU	ND OR PREV	IOUSLY NON	N-FRIABLE A	SBESTOS BECO	MES CRUMBLES, P	ULVERIZED,
	DUCED TO P				A MARIE MININE CARROL PROPERTY OF STATE	
OKTAL	JOOLD TO T	O 1 1 L 1 11				
XVII. LCERT	TIFY THAT A	N INDIVIDUAL	L TRAINED	ON THE PROVISI	ONS OF THE REGU	LATION (40 CFR PART
61 SUB	PART M) WIL	L BE ON-SIT	E DURING T	THE DEMOLITION	OR RENOVATIONS	S AND EVIDENCE
THAT T	HE REQUIR	ED TRAINING	HAS BEEN	ACCOMPLISHED	BY THIS PERSON	WILL BE AVAILABLE
FOR IN	SPECTION D	URING NOR	MAL BUSINE	ESS HOURS. (Re	quired 1 year after p	omulgation)
		. 0		121	900	
	Time	Thy C.	Cause	eld		December 15, 2014
7-		of Owner/Oper	ator 0			Date
						The state of the s
XVIII. I CER	TIFY THAT T	HE ABOVE IN	VFORMATIC	N IS CORRECT.		
		-	0	1 -1		
	/imi	They (Caux	celif		December 15, 2014
	Signature of	of Owner/Oper	rator O			Date

TYPE OF NOTIFICATION (O = Original FACILITY INFORMATION (identify on DWNER: Eastman Kodak Comparaddress: 2400 Mt. Read Blvd Read Blvd Removal Contact: Timothy Caufield Removal Contract: Timothy Caufield Removal Contract: 175 Humbolt St. Rochester Contact: Craig Everhart Contact: Contact: Craig Everhart Contact: Contact: Craig Everhart Contact: Contact: Craig Everhart Contact: Contact: Contact: Craig Everhart Contact: Contact: Craig Everhart Contact: Conta	wner, remov	al co		O and other op	and the same of th	So12.19/18	8112.8
. FACILITY INFORMATION (identify on DWNER: Eastman Kodak Compared Lity: 2400 Mt. Read Blvd Read Blvd Removal Contact: Timothy Caufield Removal Contract: Timothy Caufield Removal Contract: 175 Humbolt St. Rochester Contact: Craig Everhart Contact: Craig Everhart Contact: Craig Everhart Removal Contact: Craig Everhart	wner, remov	al co	ntractor,	A second	and the same of th	113 (4)	
Address: 2400 Mt. Read Blvd City: Rochester Contact: Timothy Caufield REMOVAL CONTRACTOR: Address: 175 Humbolt St. City: Rochester Contact: Craig Everhart OTHER OPERATOR: Address: ddress:	State:	Nev		and other op	erator)	description and action	cilaro
Address: 2400 Mt. Read Blvd City: Rochester Contact: Timothy Caufield REMOVAL CONTRACTOR: Address: 175 Humbolt St. City: Rochester Contact: Craig Everhart OTHER OPERATOR: Address: ddress:	State:	Nev			orator)	creating cylin	
Address: 2400 Mt. Read Blvd City: Rochester Contact: Timothy Caufield REMOVAL CONTRACTOR: Address: 175 Humbolt St. City: Rochester Contact: Craig Everhart OTHER OPERATOR: Address:	State:		v York		10 2019		
Contact: Timothy Caufield REMOVAL CONTRACTOR: Address: 175 Humbolt St. City: Rochester Contact: Craig Everhart OTHER OPERATOR: Address:	AAC Contra		v York				0.11.10
REMOVAL CONTRACTOR: address: 175 Humbolt St. Bity: Rochester Contact: Craig Everhart DTHER OPERATOR: address:					Zip:	14650-3013	
Address: 175 Humbolt St. City: Rochester Contact: Craig Everhart OTHER OPERATOR: Address:				Just Bland	Tel:	(585) 722-2525	5
Contact: Craig Everhart OTHER OPERATOR:		actin	a Inc.	60.505		Charles and the	
Ontact: Craig Everhart OTHER OPERATOR: ddress:			9		SHOP TWEE	100	
OTHER OPERATOR:	State:	Nev	v York		Zip:	14609	
ddress:					Tel:	(585) 527-8000) ext 12
ddress:	-					(000) 02: 0000	J OAC IL
ity:							2.230000
	State:		4		7in.		
Contact:	Oldio.				Zip: Tel:		Library 1
L TYPE OF OPERATION (D - D	/0 5				Tel.		
I. TYPE OF OPERATION (D = DemolitiJ. IS ASBESTOS PRESENT? (yes/no):	on/R = Rend			R	3.06	TATE MELLINE	AND JUNEAR
		YE			Ayroutage (8972 N 1497	Honey.
. FACILITY DESCRIPTION (include bui	ilding name,	num	ber and f	loor or room	number):		
ldg. Name: Kodak Park	Floor		-		Room		
ddress: 1669 Lake Ave. 14652		l time		As an included the second		- banks	
ddress: B - 107		- 800	WHIT			CONTRACTOR	7.57
ity: Rochester	State:	Nev	v York	County:	Monroe		
ite Location:							
uilding Size:	Sq. Ft:		5785	# of Floors:		Sq. Meter	
	ge in Years:			Prior Use:			
I. PROCEDURE, INCLUDING ANALYT	ICAL METH	IOD,	IF APPR	OPRIATE, U	SED TO DET	ECT THE	POR W
RESENCE OF ASBESTOS MATERIAL	.:						
he analysis was performed by Polaria	zed Light M	icros	сору (Р	LM) analysis	s. Selected n	on-organically	bound
laterials that were reported by PLM a	nalysis to b	e nd	n-asbes	tos containi	ng were sub	sequently anal	yzed by
ransmission Electron Microscopy (TI	EM) analysi	s.			unique miss	adjust it de	fanal DE
II. APPROXIMATE OF RACM TO BE R	REMOVED A	ND N	ION-FRI	ABLE ASBES	STOS MATER	RIAL THAT WILL	
OT BE REMOVED. SPECIFY THE AM	OUNT OF A	SBE	STOS BI	ELOW:			_
		^ .					
					Laure Street		
		RA		Removed	Category I	Category II	
pes - Linear Feet		SUPPS OF	1000	APRILITE ALL SON IN			
ipes - Linear Meters	PO MACE TO A			erediction with this	DESCRIPTION OF THE	Magazina and the	
urface Area - Square Feet	and the second	0	1000	ALCOHOLOGICA	INEX CONTRACTOR	NACH COLVE	
urface Area - Square Meters	T. F	\vdash					
olume RACM off Facility Component-Cu			- Y				
olume RACM off Facility Component-Cu	abic ivieter						
	OS REMOVA	AL	J artho	Start:	WOM 191	Completion	T GAT
III. SCHEDULED DATES OF ASBESTO		a Visita	S. Salar	1/2/2015	the same and the	12/31/2015	
III. SCHEDULED DATES OF ASBESTO	ION/RENOV	'ATIO	N:	1/2/2015 Start:	- H.	12/31/2015 Completion	
				Start:	ID METHOD	Completion	D:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums. XII. WASTE TRANSPORTER #1 Name: Waste Management - Rochester 4746 Model 1661 Mt. Read Blvd. Address: Zip: 14606 State: New York Rochester City: Telephone: (585) 254-7574 Sue Rossi Contact Person: WASTE TRANSPORTER #2 Name: Address: Zip: State: City: Telephone: Contact Person: XIII. WASTE DISPOSAL SITE Mill Street Landfill Name: 303 Brew Rd. Address: State: New York Zip: 14416 Bergen City: (585) 754-8226 Telephone: XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Title Name: Authority: Date Ordered to Begin: Date if Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) December 15, 2014 Date XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. December 15, 2014 Signature of Owner/Operator

Operator F	Project		Postma	·k		Date Re	ceived	Notific	ation
		F4 - 1 - 1 - 1			N 14			161.2106	00
I. TYPE OF N	IOTIFICATION	V (O = Origi	nal / R = Re	vised)	DOT THE	0	TTA COLD	DO12-191	4.7 (14
	INFORMATIO				otractor	A STATE OF THE PARTY OF THE PAR	Market Market Street Control		
OWNER:	Eastman Ko	odak Comp	anv	ovai co	ill actor,	and other op	erator)		
Address:	2400 Mt. Re	ad Blvd							
City:	Rochester		State	: Ne	w York		Zip:	14650-3013	1200
Contact:	Timothy Ca	ufield		-	- TOTAL		Tel:	(585) 722-25	A Company of the Comp
REMOVAL C	ONTRACTOR	2.	AAC Con	tractic	a Inc		101.	(000) 122-20	723
ddress:	175 Humbo		TARC COI	uacui	g inc.		THE STATE OF THE S		
City:	Rochester		State	· No	v York		7:	44000	
contact:	Craig Everh	art	Otato	. 110	VIOIK	-	Zip: Tel:	14609 (FRF) 507 00	100 - 1 11
THER OPE							i ei:	(585) 527-80	000 ext. 12
ddress:	RATUR:						+ Trein -		
city:			T 01.1						
Contact:		-	State	•			Zip:		
					-		Tel:		
I. TYPE OF	OPERATION	(D = Demol	ition/R = Re	novation	n):	R	3710	J# 30-45 0	13408 3
/. IS ASBES	TOS PRESEN	NT? (yes/no	o):	YE			W. Salak	Perce Hill	894/36
FACILITY	DESCRIPTIO	N (include b	uilding nam	0 0110	bor and				
Ilda Name:	DESCRIPTIO Kodak Park	in (include b	Floor	e, num	per and	loor or room			
ddress:	1669 Lake A		1-1001				Room		
ddress:	B - 112	14032							
			-		V 1	Country	Monroe		
itv:	Rochester		State!	No			IIVIONTOE		
the second secon	Rochester		State:	Nev	v York	County.	Inomoc		
ite Location:					-			I 0- M-1	
lite Location: Building Size:			Sq. Ft:		-	# of Floors:		Sq. Meter	
ite Location: uilding Size: resent Use:	JRE, INCLUD	ING ANALY	Sq. Ft: Age in Yea	rs: 43	13,392	# of Floors: Prior Use:			
PRESENCE (JRE, INCLUD OF ASBESTO	S MATERIA	Sq. Ft: Age in Yea TICAL ME	rs: 43 ΓΗΟD,	13,392 IF APPR	# of Floors: Prior Use: OPRIATE, U	SED TO DET	ECT THE	
Bite Location: Building Size: Present Use: VI. PROCEDIO PRESENCE (The analysis)	JRE, INCLUD OF ASBESTO was perform	S MATERIA led by Pola	Sq. Ft: Age in Yea TICAL METAL: rized Light	rs: 43	13,392 IF APPR	# of Floors: Prior Use: OPRIATE, U	SED TO DET	FECT THE	lly bound
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Site Location: Building Size: Present Use: VI. PROCEDI PRESENCE (The analysis materials that ransmission	URE, INCLUD OF ASBESTO was perform at were report on Electron Mi	S MATERIA led by Pola led by PLM icroscopy (Sq. Ft: Age in Yea TICAL ME AL: rized Light analysis to	rs: 43 ΓΗΟD, Microsobe no	13,392 IF APPR scopy (P	# of Floors: Prior Use: OPRIATE, U LM) analysistos containi	SED TO DET s. Selected ning were sub	FECT THE non-organica sequently ar	alyzed by
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XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums. XII. WASTE TRANSPORTER #1 Waste Management - Rochester Name: 4746 Model 1661 Mt. Read Blvd. Address: 14606 State: New York Zip: Rochester City: Telephone: (585) 254-7574 Sue Rossi Contact Person: WASTE TRANSPORTER #2 Name: Address: Zip: City: State: Telephone: Contact Person: XIII. WASTE DISPOSAL SITE Mill Street Landfill Name: Address: 303 Brew Rd. 14416 State: New York Zip: City: Bergen (585) 754-8226 Telephone: XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Title Name: Authority: Date Ordered to Begin: Date if Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) December 15, 2014 Date XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. December 15, 2014 Signature of Owner/Operator

Operator F	Project		Postmark			Date Received		Notific	ation
	- V- 101 Ja			Dille-		Series (SE)		2015.12	91,
I. TYPE OF N					17 A 1 F 1 G/1	0	The state of the s	515	20
II. FACILITY I	NFORMATIO	N (identify o	wner, remov	al co	ntractor,	and other ope	erator)	elkemma en	transfer and
OWNER:	Eastman Ko	dak Compa	ny						
Address:	2400 Mt. Re	ad Blvd					191 (45)	PCH3NU/II	D. 19
City:	Rochester		State:	Nev	v York	miauripos.	Zip:	14650-3013	erueV
Contact:	Timothy Car					problé bear	Tel:	(585) 722-25	25
REMOVAL C			AAC Contr	actin	g Inc.	WE-E T		Barrier Mark	70
Address:	175 Humbol	t St.			to Van in		444 WES		17 78350
City:	Rochester		State:	Nev	v York		Zip:	14609	
Contact:	Craig Everh	art					Tel:	(585) 527-80	00 ext. 122
OTHER OPE	RATOR:		V-1	-					
Address:									
City:	- 1		State:				Zip:		
Contact:	produced	9 (-1-0)					Tel:		
III. TYPE OF	III. TYPE OF OPERATION (D = Demolition/R = Rer				n) ·	В			
IV. IS ASBES	TOS PRESEN	IT? (ves/no)	·	YES		R			THERE WES
				-				there are the first	
V. FACILITY	DESCRIPTION	V (include bu	ilding name	, num	ber and f	loor or room	number):		
	Kodak Park		Floor	-01			Room		
Address:	1669 Lake A	ve. 14652							
Address:	B - 115		61.1					1	in a service
City: Site Location:	Rochester		State:	Nev	v York	County:	Monroe		
Building Size:	the second secon		Co. Et.	1	744.00	W 1 E			
Present Use:			Sq. Ft:		2,714.00	# of Floors:		Sq. Meter	
			ge in Years			Prior Use:			
VI. PROCEDI	JRE, INCLUD	ING ANALYT	TICAL METH	HOD,	IF APPR	OPRIATE, U	SED TO DE	TECT THE	1 170 170
PRESENCE C				4.0					
The analysis	was perform	ed by Polari	zed Light N	licros	copy (P	LM) analysis	s. Selected i	non-organica	lly bound
materials tha	t were report	ed by PLM a	analysis to	be no	n-asbes	tos containi	ng were sub	sequently an	alyzed by
Transmission					4 6 - 32 6	Links Bloom			
VII. APPROXI	MATE OF RA	CM TO BE F	REMOVED A	ND I	ION-FRI	ABLE ASBES	STOS MATE	RIAL THAT W	ILL
NOT BE REM	OVED. SPEC	OIFY THE AM	OUNT OF	ASBE	STOS BI	ELOW:			
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Pipes - Linear	Foot		10000	KAC	1000	Removed	Category I	Category II	
Pipes - Linear Pipes - Linear					1000		distribution of the		
Surface Area	A CONTRACTOR OF THE PARTY OF TH	10 (0.00)	STORY T		1000	- 10 Jan 19	39 F E 730 - CE	MERCHANIST STREET	
Surface Area					1000				
	I off Facility C		ubic Feet	-	1977				
	off Facility C							1 84	
				-					
	LED DATES (7 21 PO	Start: 1/2/2015		Completion 12/31/2015	
IX. SCHEDUI	LED DATES C	F DEMOLIT	ION/RENO	/ATIC	N:	Start:	1000	Completion	
X. DESCRIPT	TION OF PLAI	NNED DEMO	DLITION OR	RFN	OVATIO	N WORK AN	ID METHOR	(S) TO BE US	ED:
	removal of al								

XI. DESCRIP EMISSION Work prac	S OF ASBES	RK PRACTION TOS AT THE use of wet to	ES AND END DEMOLITION DECENTIQUES, 9	GINEERING CONT N AND RENOVAT glove bags , nega ed respirator and	ION SITE: tively pressuri	zed t			
XII. WASTE T	DANCDODT	ED #1			7				
	Waste Mana		chester						
Address:	4746 Model						1 1 1 1		
City:	Rochester	1001 III. 110	State:	New York	Z	ip:	14606		
Contact Perso		Sue Rossi			Telepho	one:	(585) 254-7574		
Oomaot i oroc	TYL MAN						1		
WASTE TRAN	SPORTER :	#2	100						
Name:		-							
Address:									
City:			State:		Z	ip:			
Contact Perso	n:				Telepho	one:			
Oornaat i eree	**								
XIII. WASTE	DISPOSAL SI	TE							
Name:	Mill Street L								
Address:	303 Brew Ro								
City:	Bergen		State:	New York	Z	Zip:	14416		
Telephone:	(585) 754-82	226							
XIV. IF DEMO	OLITION IS C	RDERED BY	A GOVERN	MENT AGENCY, F	LEASE IDENTI	IFY T	HE AGENCY BELOW		
Name:		District Co.			Title	е			
Authority:	1.								
Date if Order	(MM/DD/YY)			Date Ordered to B	egin:				
Bate ii Gradi	(1011011221117								
XV. FOR EMI	ERGENCY RI	ENOVATION	S						
Date and Hou									
Description of	the Sudden.	Unexpected	Event:	neth in the					
Becompaign of	the educin	Спопростоя		Car Carrie Cons	T				
Explanation o	f How the Eve	ent caused U	nsafe Conditi	ons or Serious Disi	ruption of Indus	strial (Operation:		
IS FOUN	IPTION OF P ND OR PREV NUCED TO PO	IOUSLY NON	TO BE FOLL I-FRIABLE A	OWED IN THE EV SBESTOS BECOM	ENT THAT UN ES CRUMBLE	EXPE S, PL	ECTED ASBESTOS JLVERIZED,		
61 SUBI	PART M) WIL HE REQUIRE	L BE ON-SIT	E DURING T	HE DEMOLITION	OR RENOVATI BY THIS PERS	ONS ON V	VILL BE AVAILABLE		
	_	f Owner/Oper					December 15, 2014 Date		
XVIII. I CER	(VIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. Temothy C. Caufelf December 15, 2014								
	Signature of	f Owner/Oper	ator				Date		
	5.15.00	o por							

Operator F	Project		Postmark			Date Re	ceived	Notificat	tion
	4			-4.7	J			2015.1216	antis (
I. TYPE OF N	OTIFICATION	V (O = Origina	al / R = Revi	ised)		0	- 11 3016	K912.1914	. 21.101
II. FACILITY I	NFORMATIO	N (identify o	wner, remov	al co	ntractor	and other on	erator)		
OWNER:	Eastman Ko	dak Compa	ny	G. 00	ra dotor,	and other op	Siator)		
Address:	2400 Mt. Re	ad Blvd					91 738	uhabikete si	3111111
City:	Rochester		State:	Nev	v York	and the last tent	Zip:	14650-3013	0.70
Contact:	Timothy Ca	ufield				25 04/5 48/597	Tel:	(585) 722-252	5
REMOVAL CO	ONTRACTOR	₹:	AAC Contr	actin	a Inc.			VIVE 1	
Address:	175 Humbol	It St.			9				
City:	Rochester		State:	Nev	v York		Zip:	14609	
Contact:	Craig Everh	art					Tel:	(585) 527-800	0 ext. 122
OTHER OPER	RATOR:							7000/02/000	O OALI TEE
Address:	1								
City:			State:				Zip:		
Contact:							Tel:		
III. TYPE OF	OPERATION	(D = Domoliti	on/P = Pon		-/.	<u> </u>	101.		
IV. IS ASBES	TOS PRESEN	VT2 (ves/no)	· Rend	YES		R			131
				-					
V. FACILITY	DESCRIPTIO	N (include bu	ilding name,	, num	ber and f	loor or room	number):		
	Kodak Park	The second secon	Floor		1124		Room		and the last
Address:	1669 Lake A	ve. 14652							
Address:	B-116		0.1	100					
City: Site Location:	Rochester		State:	Nev	v York	County:	Monroe		
Building Size:			C= F4:		004.00	# (F)			
Present Use:			Sq. Ft:	. 75	864.00	# of Floors:		Sq. Meter	
			ge in Years			Prior Use:			
VI. PROCEDU	JRE, INCLUD	ING ANALYT	TICAL METH	HOD,	IF APPR	OPRIATE, U	SED TO DE	TECT THE	BOB ST
PRESENCE C		20 10000 200 - 200 - 200 - 200							
ne analysis	was perform	ed by Polari	zed Light N	licros	copy (P	LM) analysis	s. Selected	non-organically	/ bound
materials tha	t were report	ted by PLM a	analysis to l	be no	n-asbes	tos containi	ng were sub	sequently ana	lyzed by
Transmission						Nical eller	(Table 10 Triple	Strick while to no	HOUSE IN
VII. APPROXI	MATE OF RA	CM TO BE F	REMOVED A	ND N	ION-FRI	ABLE ASBES	STOS MATE	RIAL THAT WIL	L
NOT BE REM	OVED. SPEC	CIFY THE AM	MOUNT OF A	ASBE	STOS B	ELOW:			
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				TDA	M to bo	Removed	Catagonil	Cotomony II	
Pipes - Linear	Feet	77 7 7		INA	1000	Removed	Category I	Category II	
Pipes - Linear		-	0.00	4	1000	57.5 F.	arter Jo		
Surface Area					1000	COURT MANAGEMENT	DAY STATE	NUTTER OF THE PERSON NAMED IN	
Surface Area				1				No.	
Volume RACM			ubic Feet				44		
Volume RACM	off Facility C	component-C	ubic Meter				1111	1 1 1 1 1	
VIII. SCHEDU	LED DATES	OF ASBEST	OS REMOVA	AL	5 21110	Start:	7 12 147	Completion	1,000
IX. SCHEDUL	ED DATES O	DE DEMOLIT	ION/RENOV	/ΔΤΙΟ	N.	1/2/2015 Start:	-	12/31/2015 Completion	
IV. GOLIEDOL	LD DATES C	DEWOLIT	IOIVI (EIVO)	AIIC	/1 V .	Glait.		Completion	
X. DESCRIPT	TION OF PLA	NNED DEMO	DLITION OR	REN	OVATIO	N WORK, AN	ID METHOD	(S) TO BE USE	D:
								ling, while beir	

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums. XII. WASTE TRANSPORTER #1 Waste Management - Rochester Name: 4746 Model 1661 Mt. Read Blvd. Address: State: New York Zip: 14606 Rochester City: Telephone: (585) 254-7574 Sue Rossi Contact Person: WASTE TRANSPORTER #2 Name: Address: Zip: State: City: Telephone: Contact Person: XIII. WASTE DISPOSAL SITE Mill Street Landfill Name: 303 Brew Rd. Address: 14416 State: New York Zip: City: Bergen Telephone: (585) 754-8226 XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Title Name: Authority: Date Ordered to Begin: Date if Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) December 15, 2014 Signature of Owner/Operator XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. December 15, 2014 Signature of Owner/Operator

Operator F	Project		Postmark			Date Received		Notific	cation
1919	adject of the	3U 38 U 1		TUA:	0			2015.12	18.512
I. TYPE OF N	OTIFICATION	l (O = Origina	al / R = Rev	ised)		0	7. US 2023	1401210	-/3/10/19/2
I. FACILITY I	NFORMATIO	N (identify o	wner, remov	al co	tractor	and other on	erator)		
OWNER:	Eastman Ko	dak Compa	ny		c. c. c. ;	and other op	crator)	· · · · · · · · · · · · · · · · · · ·	AND AND
Address:	2400 Mt. Rea				- Foregreen		737 039	CASSION AND A TOTAL	
City:	Rochester		State:	Nev	v York	unden der U	Zip:	14650-3013	
Contact:	Timothy Cau	ufield				by Rica	Tel:	(585) 722-2	the second secon
REMOVAL CO	ONTRACTOR	OIL	AAC Conti	actin	a Inc	ALB LE			
Address:	175 Humbol	t St.			9		480% ALK		95.5
City:	Rochester		State:	Nev	York		Zip:	14609	
Contact:	Craig Everh	art					Tel:	(585) 527-8	000 ext. 1:
THER OPE	RATOR:							1000/02:0	oo oxti 1
Address:									-
City:		31.	State:				T Zin:		
Contact:			Otato.				Zip: Tel:		
II. TYPE OF OPERATION (D = Demolition/R = Rer							1 161.		
/ IS ASPEC	TOS PRESEN	D = Demoliti	on/R = Ren			R		SEE PERO	TI SAME JE
				YES			Limer		29210
'. FACILITY [DESCRIPTION	V (include bu	ilding name	, num	per and f	loor or room	number):		
Bldg. Name:	Kodak Park		Floor				Room		
ddress:	1669 Lake A	ve. 14652		1	e terretoring to			THE THE	
ddress:	B - 117		S CVA					NAME OF THE	
ity:	Rochester		State:	Nev	York	County:	Monroe		
ite Location:									
Building Size:	7-04		Sq. Ft:		2,173.50	# of Floors:	7	Sq. Meter	
resent Use:	JRE, INCLUDI		ge in Years			Prior Use:			
he analysis naterials tha ransmission	was perform t were reported Electron Mid MATE OF RA OVED. SPEC	ed by Polari ed by PLM a croscopy (T CM TO BE R	zed Light Manalysis to REMOVED A	be no i AND N	n-asbes	tos containi	ng were sub	sequently a	nalyzed by
OT DE REIN	OVED. OF EC	ALL THE AV	ICONT OF						30
ipes - Linear	Foot		7 19C 15G1 F1	RAC	1000	Removed	Category I	Category II	12
ipes - Linear		2.10 001	76 0091	170	1000	TAR EDGE OF	Misself Uni	SERVICE STATE	16.
	- Square Feet	WE'S 1887	the state of the	e su	1000	nelse diame	JET LOCKETS SA	ALCO LONG YES	Eq. 1
	- Square Mete	rs		+	1000			7	
	off Facility C		ubic Feet		TOTAL S	200	1797	7.5.0	1
	A off Facility C						DECE	CHAR GIO	
	LED DATES (AL	i ai MG	Start: 1/2/2015	i z Sak paří	Completion 12/31/2015	BOT BY
IX. SCHEDULED DATES OF DEMOLITION/RENOVA				/ATIC	N:	Start:	180	Completion	
	FION OF PLAN								

in compli	ance with OS	HA and Code	e Rule 56.	ONEEDING OOL	TDOLC TO BE US	ED TO DDEVENT
XI. DESCRI	PTION OF WO	ORK PRACTIC	CES AND EN	IGINEERING CON	TROLS TO BE US	SED TO PREVENT
EMISSIO	NS OF ASBES	STOS AT THE	DEMOLITIC	N AND RENOVA	HON SITE:	d tout and
Work pra	ctices include	e use of wet	techniques,	glove bags , neg	atively pressurize	d tent and
enclosur	es, protective	clothing, Ni	OSH approv	ed respirator and	nepa vacuums.	
\(\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TRANSPORT	ED #4				7. 761 (10%
	TRANSPORT		abaatar			
Name:	waste Mana	agement - Ro 1661 Mt. Re	od Blyd			
Address:	Rochester	1001 WIL. Re	State:	New York	Zip:	14606
City:		Sue Rossi	State.	INCW TOTA	Telephone	
Contact Pers	ion:	Sue Rossi			Trolophion	5. (000) 2011011
MASTE TOA	NSPORTER	#2			The state of the s	And the second
Name:	T	#4				
Address:	•					
			State:		Zip:	
City:			State.		Telephone	
Contact Pers	son:	<u> </u>			Treicphon	J.
VIII MACTE	DISPOSAL S	ITC				
	Mill Street I					
Name:	The second of th					
Address:	303 Brew R	a.	Ctata	New York	Zip	: 14416
City:	Bergen	000	State.	New TOIK	Zip	14410
Telephone:	(585) 754-8	226				
W. / IE BEL	101 ITION IO	DDEDED DY	(A COVEDA	MENT ACENCY	DI EASE IDENTIES	THE AGENCY BELOW
	OLITION IS C	DKDEKED BY	A GOVERN	IMENT AGENCY,	Title	THE AGENCY BELOW
Name:					Title	
Authority:	A 1 A 1		personal Augustia	15 / 6 / 1/ 1/	5	
Date if Order	r (MM/DD/YY):		Date Ordered to	Begin:	
	IERGENCY R			Add a control	The state of the s	
Date and Ho	our of Emerger	ncy (MM/DD/	YY):			
Description of	of the Sudden,	Unexpected	Event:	HOUSENS TRANS		P. T.
	980	DE STEEL SOUTH	difference	olas Sleeda et s	- 11 14 19 11 11 11 11 11 11 11 11 11 11 11 11	
Explanation	of How the Ev	ent caused U	nsafe Condit	ions or Serious Dis	sruption of Industri	al Operation:
XVI. DESCI	RIPTION OF F	PROCEDURE	TO BE FOL	LOWED IN THE E	VENT THAT UNEX	(PECTED ASBESTOS
IS FOU	IND OR PREV	/IOUSLY NON	N-FRIABLE A	SBESTOS BECO	MES CRUMBLES,	PULVERIZED,
OR RE	DUCED TO P	OWER.				
XVII. I CER	TIFY THAT A	N INDIVIDUA	L TRAINED	ON THE PROVISION	ONS OF THE REG	ULATION (40 CFR PART
61 SUE	BPART M) WIL	L BE ON-SIT	E DURING 1	THE DEMOLITION	OR RENOVATION	NS AND EVIDENCE
THAT T	THE REQUIRE	ED TRAINING	HAS BEEN	ACCOMPLISHED	BY THIS PERSON	N WILL BE AVAILABLE
FOR IN	SPECTION D	URING NOR	MAL BUSINE	ESS HOURS. (Re	quired 1 year after	promulgation)
		. 1	\bigcirc	- 1		
1	1 umo	They ((au lie	00		December 15, 2014
		of Owner/Oper	ator A	74		Date
	Signature 0	a Gwilei/Opei	ator O			Date
YVIII I CEE	TIEV TUAT T	HE AROVE II	VEORMATIC	N IS CORRECT.		
AVIII. 1 CEP		-	VI OKWATIC	N IS CONNECT.		
	Ilm	other !	(0,,	1.11		December 15, 2014
		of Owner/Oper	otor	cell		Date
	Signature o	J Owner/Oper	alui U			Date

	Project	l	Postmark			Date Re	Ceiveu	Notifica	ation
	3 1 L	11 Se 51 M			STOR	TONE COLL RESIDENCE SHE		1.01:11.1	0000
TYPE OF N	OTIFICATION	V (O = Origina	al / R = Rev	ised)		0		1015106	16.7 470
The state of the s	NFORMATIO								
OWNER:	Eastman Ko	dak Compa	nv	vai CC	niractor,	and other op	erator)	SOMETH AND LESS	20-004
Address:	2400 Mt. Re	ad Blvd		-				AND STREET	ne Valence
City:	Rochester	<u> Diva</u>	State:	Ne	w York		Zip:	14650-3013	
Contact:	Timothy Car	ufield	Otato.	110	V TOIK	Frank St. Australia	Tel:	(585) 722-252	25
REMOVAL CO	ONTRACTOR		AAC Cont	ractio	a lne		101.	(000) TZZ-Z3	
Address:	175 Humbol		AAC COIL	actii	ig inc.	THE RESERVE AND ADDRESS.			
City:	Rochester	it Ot.	State:	No	w York		Tin:	14609	
Contact:	Craig Everh	art	Oldio.	110	HOIK	* * * * * * * * * * * * * * * * * * *	Zip: Tel:	(585) 527-800	00 ovt 12
THER OPER							1	(303) 321-001	OU EXL. 12
Address:	TATOR.								
City:			Ctoto				4.		
Contact:		4 10	State:				Zip:		in the Head
II. TYPE OF OPERATION (D = Demolition/R = Ren							Tel:		
I. TYPE OF	OPERATION	(D = Demoliti	on/R = Ren			R	3110		BATTLE NO.
v. IS ASBES	TOS PRESEN	NT? (yes/no)		YE	S		Institute a r	प्रशासी भारत	THE STATE OF
. FACILITY I	DESCRIPTION	N (include bu	ilding name	nun	ber and	loor or room	number):		
Ildg. Name:	Kodak Park		Floor	,	Jor Gild	.551 51 100111	Room		
Address:	1669 Lake A	ve. 14652					rtoom		
Address:	B - 119				*. L C v.L C	17 43 775			
City:	Rochester		State:	Ne	w York	County:	Monroe		
ite Location:				-					
Building Size:			Sq. Ft:	16	2,449.40	# of Floors:		Sq. Meter	
resent Use:			The same of the sa						
resent use.		P	ge in Years	3: 75	The second second	Prior Use:			
	JRE, INCLUD						SED TO DET	FCT THE	0.50
I. PROCEDU	JRE, INCLUD OF ASBESTO	ING ANALYT	ICAL METI				SED TO DET	FECT THE	
/I. PROCEDU PRESENCE (OF ASBESTO	ING ANALYT S MATERIAL	TCAL METH	HOD,	IF APPR	OPRIATE, U			ly bound
/I. PROCEDU PRESENCE (The analysis	OF ASBESTOM was perform	ING ANALYT S MATERIAL ed by Polari	TCAL METH .: zed Light N	HOD,	IF APPR	OPRIATE, U	s. Selected r	non-organicall	ly bound
/I. PROCEDUPRESENCE (The analysis naterials that	OF ASBESTO was perform it were report	ING ANALYT S MATERIAL led by Polari led by PLM a	TICAL METH :: zed Light Manalysis to	HOD, Micro be no	IF APPR	OPRIATE, U	s. Selected r		ly bound alyzed by
/I. PROCEDUPRESENCE (Fine analysis naterials that ransmission	OF ASBESTO was perform it were report n Electron Mi	ING ANALYT S MATERIAL led by Polari led by PLM a croscopy (T	TICAL METH .: zed Light M inalysis to EM) analys	HOD, Micro be no	IF APPR scopy (P n-asbes	OPRIATE, U	s. Selected r ng were sub	non-organicall esequently and	alyzed by
/I. PROCEDUPRESENCE Control of the analysis materials that ransmission /II. APPROXI	OF ASBESTO was perform it were report n Electron Mi IMATE OF RA	ING ANALYTS MATERIAL THE MATE	TICAL METH :: zed Light Manalysis to EM) analyse REMOVED /	HOD, Micro be no sis.	IF APPR scopy (P on-asbes	OPRIATE, U LM) analysis tos containi	s. Selected r ng were sub	non-organicall	alyzed by
/I. PROCEDUPRESENCE Control of the analysis materials that ransmission /II. APPROXI	OF ASBESTO was perform it were report n Electron Mi	ING ANALYTS MATERIAL THE MATE	TICAL METH :: zed Light Manalysis to EM) analysis REMOVED /	HOD, Micro be no sis.	IF APPR scopy (P on-asbes	OPRIATE, U LM) analysis tos containi	s. Selected r ng were sub	non-organicall esequently and	alyzed by
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VI. PROCEDUPERESENCE OF The analysis naterials that ransmission VII. APPROXINOT BE REMEDIPES - Linear Surface Area ourface Area volume RACM	Feet Meters - Square Feet Moff Facility C	ING ANALYT S MATERIAL Led by Polari Led by PLM a Croscopy (T COM TO BE F CIFY THE AM LETTER TO BE F CIFY THE AM LETTER TO BE F CIFY THE AM LETTER TO BE F COMPONENT-C	ICAL METH i: zed Light Manalysis to EM) analysis REMOVED A MOUNT OF	HOD, Micro be no is. AND ASBE	scopy (Fon-asbest NON-FRIESTOS B	OPRIATE, U LM) analysis tos containi ABLE ASBES	s. Selected r ng were sub STOS MATER	non-organicall esequently and RIAL THAT WI	alyzed by
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in complia	nce with OS	HA and Code	Rule 56.				
				IGINEERING CO			D TO PREVENT
				ON AND RENOVA			
Work prac	tices include	e use of wet to	echniques,	glove bags, neg	gatively pre	ssurized 1	tent and
enclosure	s, protective	clothing, NIC	SH approv	ed respirator an	d hepa vac	uums.	
XII. WASTE							
Name:	Waste Mana	agement - Roo	chester	11 7 100 1			
Address:		1661 Mt. Rea					risk in
City:	Rochester		State:	New York		Zip:	14606
Contact Perso	on:	Sue Rossi			ŢŢ	elephone:	(585) 254-7574
				7			
WASTE TRAIN	ISPORTER	#2					
Name:							
Address:		The second					
City:			State:			Zip:	
Contact Perso	on:	and the second			T T	elephone:	
		The second					
XIII. WASTE I							
Name:	Mill Street L	and desired and another state of the state o					
Address:	303 Brew R	d.		1 -1			
City:	Bergen		State:	New York		Zip:	14416
Telephone:	(585) 754-82	226					
XIV. IF DEMO	OLITION IS C	ORDERED BY	A GOVERN	IMENT AGENCY,	PLEASE ID		HE AGENCY BELOW
Name:						Title	
Authority:	·		The state of				
Date if Order	(MM/DD/YY)			Date Ordered to	Begin:		internal designation of the second
		and proceedings.	- W			* Dec 11/2" 1	- L- 1h
XV. FOR EM	ERGENCY R	ENOVATIONS	13.47				
Date and Hou	ir of Emergen	ncy (MM/DD/Y	Y):				
		Unexpected E		No Allight to	2 7 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 16	a Projekty i 1945
		in amount profit is	STATE SPECIAL	1. 1900 (1901) (1907)	a thir Vi	No.5	
Explanation o	f How the Ev	ent caused Un	safe Condit	ions or Serious Di	sruption of	Industrial	Operation:
	, x	7					
XVL DESCR	IPTION OF P	ROCEDURE	O BE FOL	LOWED IN THE B	VENT THA	T UNEXPI	ECTED ASBESTOS
				SBESTOS BECC			
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YVII I CERT	TEV THAT AN	LINDIVIDUAL	TRAINED (N THE PROVISI	ONS OF TH	IE REGIII	ATION (40 CFR PART
							AND EVIDENCE
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FUR INS	DECTION D	UKING NUKIV	AL DUSINE	ESS HOURS. (Re	quired i ye	ar arter pro	omulgation)
-	Timo	11 61	08. /	.10			Danamk 45 0044
			auxi				December 15, 2014
	Signature of	f Owner/Opera	tor U				Date
NA /// 1 0555		UE ADOLE !!!	EODI (ATIO	N 10 0055555			
XVIII. I CERT	HEY THAT T	HE AROVE IN	FORMATIO	N IS CORRECT.			
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	,	0.9	leufe	ell			December 15, 2014
	Signature of	f Owner/Opera	tor U				Date

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. FACILITY I	NFORMATION (ident	fy ow	ner, remov	al co	ntractor.	and other op	erator)	or hallows over	
OWNER:	Eastman Kodak Cor	npany	1			•			
Address:	2400 Mt. Read Blvd						Little	TO MANUAL PLANS	1917.
City:	Rochester		State:	Ne	w York	Name of Proper	Zip:	14650-3013	Hillion.
Contact:	Tim Caufield						Tel:	(585) 722-252	25
REMOVAL CO	ONTRACTOR:	A	AC Conti	ractir	a Inc.	Nallo I		esterning section	
ddress:	175 Humbolt St.				J		THE PERSON		
City:	Rochester		State:	Ne	w York		Zip:	14609	
Contact:	Craig Everhart						Tel:	(585) 527-800	00 ext. 12
THER OPER	RATOR:							(100) 02: 00:	o oxti iz
ddress:				-					4.50
ity:	and the second second		State:				7in:		
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/ IS ASSECT	OPERATION (D = Den	nolition	n/R = Ren			R	3 04	400, 90 L	87.8
V. 15 ASBES	TOS PRESENT? (yes	/no):		YE	\$		H. Harrist of 1	serve that	. Libriel
. FACILITY [DESCRIPTION (includ	e build	ding name	. num	ber and f	loor or room	number).		
ldg. Name:	Kodak Park		Floor			icor or room	Room		
ddress:	1669 Lake Ave. 1469	52					rteom		
ddress:	B - 120			-5.3		entra est	and the later		- Interior
ity:	Rochester		State:	Ne	v York	County:	Monroe		
ite Location:	Carrier and the second	-	erentario gran						
uilding Size:			Sq. Ft:	6	2,252.00	# of Floors:	7	Sq. Meter	
resent Use:	The second second second	Ag	e in Years			Prior Use:		1 - 4	
naterials that ransmission	was performed by Pot were reported by Pot Mere reported by Pot	M an y (TEI BE RE	alysis to M) analys MOVED A	be no	n-asbes	tos containi	ng were sub	sequently and	alyzed by
				154					
ipes - Linear	Feet		MILTINOT TO	KA	1000	Removed	Category I	Category II	
			1000	1	1000		CANADA CON		
ipes - I inear		7 4 .00	Proupova III a	distri	1000	SPUD UNIVE	and constitution	901	
				_	1505				
ipes - Linear urface Area - urface Area -	- Square Meters				The second secon	No. of the last of	The second secon		
urface Area - urface Area -	 Square Meters off Facility Compone 	nt-Cub	oic Feet		-50	Strange Committee	100		
urface Area - urface Area - olume RACM	 Square Meters off Facility Compone off Facility Compone 				40	11372	CLES INC. IO		
urface Area - urface Area - olume RACM olume RACM	I off Facility Compone	nt-Cub	oic Meter	AL	2 81 110	Start: 1/2/2015		Completion 12/31/2015	

EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums. XII. WASTE TRANSPORTER #1 Waste Management - Rochester Name: 4746 Model 1661 Mt. Read Blvd. Address: 14606 State: New York Zip: Rochester City: Telephone: (585) 254-7574 Sue Rossi Contact Person: WASTE TRANSPORTER #2 Name: Address: Zip: State: City: Telephone: Contact Person: XIII. WASTE DISPOSAL SITE Mill Street Landfill Name: Address: 303 Brew Rd. State: New York 14416 Zip: City: Bergen (585) 754-8226 Telephone: XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Title Name: Authority: Date if Order (MM/DD/YY): Date Ordered to Begin: XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) December 15, 2014 Signature of Owner/Operator Date XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. December 15, 2014 Signature of Owner/Operator Date

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT

		1	Postmark			Date Re	ceived	Notification
I. FACILITY IN DWNER:				100				2.8161.21016
I. FACILITY IN DWNER:	OTIFICATION (O =	Original	R = Revi	(has		O	71007	4012119167
JWNER:						the state of the s		
	Eastman Kodak	compone	er, remov	al co	ntractor,	and other op	erator)	elinearia, semante
MULCOO.	2400 Mt. Read Bly							*****
	Rochester	<u> </u>	State:	No	v York		T 7in.	44650 2040
Contact:	Timothy Caufield		Otato.	1101	VIOIK		Zip:	14650-3013
REMOVAL CO	NTRACTOR:	TA	AC Contr				1 161.	(585) 722-2525
	175 Humbolt St.	A	AC Contr	actin	g inc.			
	Rochester		State:	Nov	v York		7:	44000
	Craig Everhart		Otate.	Nev	VIOIK		Zip: Tel:	14609
OTHER OPER							I el.	(585) 527-8000 ext
Address:	ATON.							
City:			State:				r ==-	
Contact:			State:				Zip:	
				-			Tel:	
II. TYPE OF C	PERATION (D = D	emolition	/R = Reno			R	377	JASOSEIN ELISAM
V. IS ASBEST	OS PRESENT? ()	/es/no):		YES			and a real	esse mai
/. FACILITY D	ESCRIPTION (incl	ude buildi	ing name.	num	per and f	oor or room	number).	
sidg. Name:	Kodak Park		Floor				Room	
	1669 Lake Ave. 14	4652					rteom	
	B - 121	L. MIT			HERVE TO	The Day of the Land	radio da da	
	Rochester		State:	Nev	York	County:	Monroe	
Site Location:		4.00						
Building Size:			Sq. Ft:		,719.00	# of Floors:	7	Sq. Meter
Present Use:		Age	in Years:	75		Prior Use:		
I. PROCEDU	RE, INCLUDING A	NALYTIC	AL METH	IOD,	F APPR	OPRIATE, U	SED TO DET	ECT THE
RESENCE O	F ASBESTOS MAT	TERIAL:						
he analysis v	was performed by	Polarize	d Light M	icros	сору (Р	LM) analysis	s. Selected r	on-organically bou
naterials that	were reported by	PLM ana	lysis to b	e no	n-asbes	tos containi	ng were sub	sequently analyzed
ransmission	Electron Microsc	opy (TEN	1) analysi	1913			Director March	Ford stole in spirits.
II. APPROXIN	MATE OF RACM TO	D BE RE	MOVED A	ND N	ION-FRI	ABLE ASBES	STOS MATER	RIAL THAT WILL
IOT BE REMO	OVED. SPECIFY T	HE AMO	UNT OF A	SBE	STOS BI	ELOW:		WILL THUS THEE
				_				
			W-576	RAC	The state of the s	Removed	Category I	Category II
ipes - Linear I				RAC	M to be 1000	Removed	Category I	Category II
ipes - Linear I	Meters		71 - 5 76 	RAC	1000	Removed	Category I	Category II
ipes - Linear I urface Area -	Meters Square Feet			RAC	The state of the s	Removed	Category I	Category II
ipes - Linear I jurface Area - jurface Area -	Meters Square Feet Square Meters	nont Culti	o Ecot	RAC	1000	Removed	Category I	Category II
ripes - Linear I surface Area - surface Area - folume RACM	Meters Square Feet Square Meters off Facility Compo			RAC	1000	Removed	Category I	Category II
ripes - Linear I surface Area - surface Area - folume RACM	Meters Square Feet Square Meters			RAC	1000	Removed	Category I	Category II
Pipes - Linear I Surface Area - Surface Area - Olume RACM Olume RACM	Meters Square Feet Square Meters off Facility Comport off Facility Comport ED DATES OF AS	nent-Cubi BESTOS	c Meter REMOVA	L L	1000	Removed Start: 1/2/2015	Category I	Category II Completion 12/31/2015
Pipes - Linear I Surface Area - Surface Area - Olume RACM Olume RACM	Meters Square Feet Square Meters off Facility Compor	nent-Cubi BESTOS	c Meter REMOVA	L L	1000	Start:	Category I	Completion

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums. XII. WASTE TRANSPORTER #1 Waste Management - Rochester Name: 4746 Model 1661 Mt. Read Blvd. Address: Zip: 14606 State: New York Rochester City: Telephone: (585) 254-7574 Contact Person: Sue Rossi WASTE TRANSPORTER #2 Name: Address: Zip: State: City: Telephone: Contact Person: XIII. WASTE DISPOSAL SITE Mill Street Landfill Name: Address: 303 Brew Rd. 14416 Zip: State: New York Bergen City: Telephone: (585) 754-8226 XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Title Name: Authority: Date Ordered to Begin: Date if Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) December 15, 2014 XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. December 15, 2014 Signature of Owner/Operator

Operator P	Project	of solital	Postmark			Date Re	ceived	Notifica	ation
I. TYPE OF N	OTIFICATION	V (O = Origin	ol / D = Dov	(book					
						0			
II. FACILITY I	Footman Ka	N (identify o	wner, remov	val co	ntractor,	and other op	erator)	atting the real con-	and tree
Address:	Eastman Ko 2400 Mt. Re	ad Rlyd	ny						
City:	Rochester	au bivu	State:	Na	. Vanla			*00H	100
Contact:	Timothy Ca	ufield	State.	Nev	v York		Zip:	14650-3013	
REMOVAL CO			14400				Tel:	(585) 722-25	25
Address:	175 Humbol		AAC Cont	ractin	g Inc.	e16.70		19000 0 0 0 0 0 0 0	
City:	Rochester	ı sı.	Ctata	- N-				Port	
Contact:	Craig Everh	art	State:	Nev	v York		Zip:	14609	
		art					Tel:	(585) 527-80	00 ext. 122
OTHER OPER	RATOR:								and the second
Address:				-					
City: Contact:			State:		a demonstration		Zip:		
							Tel:		
III. TYPE OF (OPERATION	(D = Demoliti	ion/R = Ren	ovatio	n) :	R	3718	THEOTISM B	FBAW IVIX
IV. IS ASBES	TOS PRESEN	NT? (yes/no)	:	YES			STIPAGE.	Berl Still	16/10/19
V. FACILITY	DESCRIPTION	N (include bu	ilding name	num	per and f	loor or room	number).		
Bldg. Name:	Kodak Park	i (inolade ba	Floor	, Hum	dei and i	ioor or room	Room		
Address:	1669 Lake A	ve. 14652	1 1001				Room		
Address:	B - 136			-					
City:	Rochester		State:	Nev	York	County:	Monroe		/
Site Location:						County.	Intollioe		
Building Size:	- 1-1 -		Sq. Ft:		543.00	# of Floors:	7	Sq. Meter	
Present Use:		-	ge in Years	: 75	0 10.00	Prior Use:		1 34. Weter 1	
VI PROCEDI	IRE INCLUD						OFD TO DE	FOT THE	
VI. PROCEDU PRESENCE C	OF ASBESTO	S MATERIAL		יטט,	F APPR	OPRIATE, U	SED TO DE	IECT THE	
The analysis	was perform	ed by Polari	zed Light N	licros	сору (Р	LM) analysis	s. Selected r	non-organical	ly bound
materials that	t were report	ed by PLM a	nalysis to	be no	n-asbes	tos containi	ng were sub	sequently an	alvzed by
Transmission	Electron Mi	croscopy (T	EM) analys	i	in provide		ma an in	i resultations	
VII. APPROXI	MATE OF RA	CM TO BE F	REMOVED A	AND N	ON-FRI	ABLE ASBES	STOS MATE	RIAI THAT WI	11
NOT BE REM	OVED. SPEC	CIFY THE AM	OUNT OF	ASBE	STOS B	ELOW:	7100 1017(12)	INAL IIIAI WI	LL
-									
	7 7 .0	N#		RAC	M to be	Removed	Category I	Category II	
Pipes - Linear		en in the second	277 - 27.07.17	- Light,	1000	MAINING DAY		DE LOS CONTRACTOR	
Pipes - Linear		talk-Nym tale	I a uarw		S PART W	THE PART OF	CHAPTER CLEA		
Surface Area -			M. H. Walk)	SHLK.	1000	CAPAL WAYER			
Surface Area -					W 1			-	
Volume RACM					1557		Altered.	11 No. 1	
Volume RACM	off Facility C	omponent-C	ubic Meter			F 1200119	Comment, se	J. 100 100 100 100 100 100 100 100 100 10	
VIII. SCHEDU	LED DATES	OF ASBEST	OS REMOV	AL	100	Start: 1/2/2015	CWAR	Completion 12/31/2015	
IX. SCHEDUL	ED DATES C	F DEMOLIT	ION/RENO	VATIO	N:	Start:		Completion	
X. DESCRIPT	ION OF PLAT	NNED DEMO	I ITION OF	PEN	OVATIO	N WORK AN	ID METHOD	(S) TO BE US	ED:
								ling, while bei	

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums. XII. WASTE TRANSPORTER #1 Waste Management - Rochester Name: 4746 Model 1661 Mt. Read Blvd. Address: 14606 State: New York Zip: Rochester City: Telephone: (585) 254-7574 Sue Rossi Contact Person: WASTE TRANSPORTER #2 Name: Address: Zip: State: City: Telephone: Contact Person: XIII. WASTE DISPOSAL SITE Mill Street Landfill Name: 303 Brew Rd. Address: 14416 **New York** Zip: State: Bergen City: (585) 754-8226 Telephone: XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Title Name: Authority: Date Ordered to Begin: Date if Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED. OR REDUCED TO POWER. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) December 15, 2014 Date Signature of Owner/Operator XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. December 15, 2014 Date Signature of Owner/Operator

Operator F	Project		Postmark	70.10	er expass	Date Re	ceived	Notific	ation
						40 pts 5 up	eQ kuru Jida	2015.12	18536
I. TYPE OF N	OTIFICATION	V (O = Origin	al / R = Rev	ised)	azikirtani	0	VE VENU	10/4/2/1	1.10. 1.0.
II. FACILITY I	NFORMATIO	N (identify o	wner, remov	/al co	ntractor.	and other op	erator)		
OWNER:	Eastman Ko	odak Compa	ny	e late V	day for a		A something		
Address:	2400 Mt. Re	ad Blvd.					-		
City:	Rochester		State:	Nev	v York		Zip:	14650-3013	
Contact:	Timothy Ca	ufield					Tel:	(585) 722-2	525
REMOVAL CO			AAC Contr	actin	g Inc.	THE ROLL OF			
Address:	175 Humbol	lt St.					arm hex		10.00
City:	Rochester	.00	State:	Nev	v York		Zip:	14609	
Contact:	Craig Everh	art				4	Tel:	(585) 527-80	00 ext. 122
OTHER OPE	RATOR:							AST THE A	
Address:									
City:			State:				Zip:		700 541
Contact:						-/484	Tel:		
III. TYPE OF	OPERATION	(D = Demolit	ion/R = Ren	ovatio	m) ·	R			
IV. IS ASBES	TOS PRESEN	VT? (ves/no)):	YE	8	IX.	715		
									6 - 5
V. FACILITY I	Kodak Pork	N (include bu	illding name	, num	ber and f	loor or room		BAG Ander	Secretaria.
Address:	1669 Lake A	the same of the sa	Floor		1777		Room	14-175-61	
Address:	B - 148	ive. 14052							- Carlot
City:	Rochester		State:	No	v York	County	Monroe	· · · · · · · · · · · · · · · · · · ·	
Site Location:	- CONTROLO		_ Otate.	1101	VIOIK	County.	IMOTITOE		
Building Size:			Sq. Ft:	1 2	0.708.00	# of Floors:		Sq. Meter	
Present Use:		,	Age in Years			Prior Use:		T Oq. Motor	
VI DROCEDI	IDE INCLUD								
VI. PROCEDU PRESENCE (DRE, INCLUD	ING ANALY	IICAL METE	HOD,	IF APPR	OPRIATE, U	SED TO DET	FECT THE	
Local Control									
The analysis	was perform	ed by Polar	ized Light N	licro	copy (P	LM) analysis	s. Selected r	on-organical	ly bound
materials tha	t were report	ed by PLM	analysis to	be no	n-asbes	tos containi	ng were sub	sequently an	alyzed by
Transmission	AND ADDRESS OF THE PARTY OF THE							A STATE OF THE STA	
VII. APPROXI							STOS MATE	RIAL THAT W	ILL
NOT BE REM	OVED. SPEC	CIFY THE AN	MOUNT OF A	ASBE	STOS B	ELOW:			
715,445	grand notice	John Style	0 89406845	IRA	CM to be	Removed	Category I	Category II	120 12 12 10
Pipes - Linear	Feet	10 A/NE	A BOLES D	04	1000	that the letter of the	64 W 3 W 3 K		
Pipes - Linear		15-975-75	TO BUTE	100	DUDA N		WHART CO	na Harist	
Surface Area			ber bell	a a	1000	STUD IALIO	THE DANK OF		
Surface Area					N.		X		
Volume RACA	off Facility C	omponent-C	ubic Feet	13	1	NO.	1 500	100	
Volume RACN	on Facility C	omponent-C	ubic Meter					and the second	
VIII. SCHEDU	LED DATES	OF ASBEST	OS REMOV	AL	har et tracego	Start:		Completion	
					D BI NO	1/2/2015	Line But	12/31/2015	
IX. SCHEDU	ED DATES	OF DEMOLIT	TION/RENO	VATIO	DN:	Start:	14	Completion	
				1	100	(173			
X. DESCRIP	TION OF DLA	NNED DEM		DEN	IOVATIO	N WORK A	ND METHOD	VS) TO BE U	PED:
A. DESCINE	HON OF FLA	TAIALD DEMI	OLI HON OR	/ I/El	OVATIO	IN WORK, A	AD INE LUCE	(3) TO DE US	JLD.

Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums.

XII. WASTE T	DANGDODT	FR #1				
		agement - Ro	chester			
Address:	1661 Mt. Re		onooto.			~ ;
	Rochester		State:	New York	Zip:	14606
Contact Perso		Sue Rossi			Telephone:	(716) 254-7574
		*				
WASTE TRAN	ISPORTER	#2				
Name: Address:						
			State:		Zip:	
City: Contact Perso	n.		Otate.		Telephone:	
· · ·						
XIII. WASTE [
	Mill Street I					
Address:	303 Brew R	a.	State:	New York	Zip:	14416
City:	Bergen		State:	New TOIK	Lip.	14410
Telephone:		<u> </u>				
	DLITION IS C	DRDERED BY	A GOVERN	IMENT AGENCY, PLE	ASE IDENTIFY	THE AGENCY BELOW
Name:		- 72 93			Title	
Authority:						
Date if Order	(MM/DD/YY):		Date Ordered to Begi	in:	
XV. FOR EME					11 14 1 1	
Date and Hou	r of Emerger	ncy (MM/DD/	YY):			
Description of	the Sudden,	Unexpected	Event:	10),		
Explanation of	f How the Ev	ent caused U	nsare Condit	ions or Serious Disrup	tion of Industrial	Operation.
IS FOUN		/IOUSLY NON		LOWED IN THE EVEN ISBESTOS BECOMES		
61 SUBF	PART M) WILL HE REQUIRE SPECTION D	LL BE ON-SIT	E DURING TO S HAS BEEN MAL BUSINE	ON THE PROVISIONS THE DEMOLITION OR ACCOMPLISHED BY ESS HOURS. (Require	RENOVATIONS THIS PERSON \	WILL BE AVAILABLE
XVIII. I CERT	TIFY THAT T	HE ABOVE II	VFORMATIC	N IS CORRECT.		
		-1 ~		1 20		
	1-em	colly (- Cay	field		December 15, 2014
	Signature of	of Owner/Oper	ator			Date

Operator F	Project	ST THE	Po	stmark			Date Re	eceived	Notific	ation
			la serie			0.847.0	145-112	GTA 80T8	2015.121	85,62.8
I. TYPE OF N	OTIFICATION	V (O = Origin	nal / F	R = Revi	sed)	THE VIEW	C C	A IN ONE OF		
II. FACILITY I	NFORMATIO	N (identify o	wnei	r, remov	al co	ntractor.	and other op	erator)		
OWNER:	Eastman Ko	dak Compa	any					3.0.0.7		
Address:	2400 Mt. Re	ad Blvd.						Ta 441	TASEL S	23 37 18
City:	Rochester			State:	Ne	w York	and a series of	Zip:	14650-3013	
Contact:	Timothy Ca	ufield						Tel:	(585) 722-2	at a little was a second state of
REMOVAL CO	ONTRACTOR	₹:	AAG	C Contr	acti	a Inc.	KIN ME		STELVENCY	
Address:	175 Humbol					9 11101		DELOY EDG:		
City:	Rochester		T	State:	Ne	w York		Zip:	14609	
Contact:	Craig Everh	art						Tel:	(585) 527-80	00 ext. 12
OTHER OPE	RATOR:								(000) 02: 00	OU CAL. IZ.
Address:	I I				-					
City:	de 1 - 2			State:	-			7:01		
Contact:				State.				Zip:		
								1 Tel.		
III. TYPE OF	OPERATION	(D = Demoli	tion/F	R = Ren	ovati	on) :	R			
IV. IS ASBES	TOS PRESEN	VI? (yes/no):		YE	S		itthro.l.	ones de Trans	20163
V. FACILITY	DESCRIPTION	N (include bu	uildin	g name.	nun	ber and t	floor or room	number):		
Bldg. Name:	Kodak Park			Floor			incor or room	Room		
Address:	1669 Lake A	ve. 14652			-					
Address:	B - 205		77.8			Derivation of the				
City:	Rochester	-1		State:	Ne	w York	County	Monroe		
Site Location:										
Building Size:			5	Sq. Ft:	1	,007,152	# of Floors:	3	Sq. Meter	
Present Use:		Parameter and the	Age i	n Years	: 67		Prior Use:			
The analysis materials tha Transmission VII. APPROXI NOT BE REM	t were report n Electron Mi MATE OF RA	croscopy (7 CM TO BE	analy FEM) REM	ysis to I analysi OVED A	is. AND ASB	on-asbes NON-FRI ESTOS B	tos contain	ing were sub	sequently ar	nalyzed by
Pipes - Linear	Feet			THE		2000		Control of the last		
Pipes - Linear		evo, voje	d la	y sav sim		Theat		Linch Edition	WINDERSON.	
Surface Area			dv v i	ı mauş	181	2000	and arresp	MANAGE COU	C 45 (5) (3) C	
Surface Area	- Square Mete	ers	e estados		10.7	NA SELSE	HEALTH TAYAR	DA SLASS PT	Media was a	
Volume RACN							1000			
Volume RACN	1 off Facility C	omponent-C	Cubic	Meter	1		100	100		
VIII. SCHEDU	LED DATES	OF ASBEST	OS F	REMOV	AL		Start: 1/2/2015		Completion 12/31/2015	
IX. SCHEDUI	ED DATES C	OF DEMOLIT	TION.	/RENO\	/ATI	ON:	Start:	1	Completion	
X. DESCRIPT	FION OF PLA									
	nce with OS							a- 16314	3,	

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums. XII. WASTE TRANSPORTER #1 Waste Management - Rochester Name: 1661 Mt. Read Blvd. Address: 14606 State: **New York** Zip: Rochester City: Telephone: (716) 254-7574 Sue Rossi Contact Person: WASTE TRANSPORTER #2 Name: Address: Zip: State: City: Telephone: Contact Person: XIII. WASTE DISPOSAL SITE Mill Street Landfill Name: 303 Brew Rd. Address: Zip: 14416 State: New York Bergen City: Telephone: XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Title Name: Authority: Date Ordered to Begin: Date if Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) December 15. 2014 XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. December 15, 2014 Date

Signature of Owner/Operator

Operator	Project		Postma	ark		Date Re	eceived	Notific	ration
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City:	Rochester	eau bivu.	Stat	o N	Varia		12 23	RO STARRE	THE PART OF
Contact:	Timothy Ca	ufield	Siai	e. Ne	w York	THE LAND AV	Zip:	14650-3013	
	CONTRACTO		14400-				Tel:	(585) 722-2	525
Address:	175 Humbo		AAC Co	ntracti	ng Inc.				
City:	Rochester	nt St.	Stat	o: Ne	w York		T 7	11000	
Contact:	Craig Everl	nart	_ Stat	G. IVE	WIOIK		Zip:	14609	200 400
OTHER OPE							Tel:	(585) 527-80	Juu ext. 122
Address:	T T							The second second	And the last
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IV. IS ASBES	STOS PRESE	NI? (yes/no):	YE	S		ACTEDIO.	90,65 (67)	1387-177
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Bidg. Name:	Kodak Park		Floor				Room		
Address:	1669 Lake /	Ave. 14652		-					
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City:	Rochester		State	: Ne	w York	County	Monroe		The Company
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EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums. XII. WASTE TRANSPORTER #1 Waste Management - Rochester Name: Address: 1661 Mt. Read Blvd. 14606 State: **New York** Zip: City: Rochester Telephone: (716) 254-7574 Sue Rossi Contact Person: WASTE TRANSPORTER #2 Name: Address: Zip: State: City: Telephone: Contact Person: XIII. WASTE DISPOSAL SITE Mill Street Landfill Name: Address: 303 Brew Rd. Zip: 14416 State: New York City: Bergen Telephone: XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Title Name: Authority: Date if Order (MM/DD/YY): Date Ordered to Begin: XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) December 15. 2014 XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. imothy (December 15, 2014

Date

Signature of Owner/Operator

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT

Operator	Project	C WAR	Pos	tmark	NA.	DAIL ST	Date Re	ceived	Notific	ation
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Contact:	Timothy Cau	ufield						Tel:	(585) 722-2	
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City:	Rochester			State:	Nev	v York		Zip:	14609	
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Signature of Owner/Operator

Date

Operator	Project		Post	mark	77.4		Date Re	ceived	Notific	ation
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Signature of Owner/Operator

December 15, 2014

Date

Operator	Project		P	ostmark	N.T.		Date Re	eceived	Notifi	cation
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December 15, 2014

Date

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XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums. XII. WASTE TRANSPORTER #1 Waste Management - Rochester Name: 1661 Mt. Read Blvd. Address: 14606 Zip: State: New York Rochester City: Telephone: (716) 254-7574 Sue Rossi Contact Person: WASTE TRANSPORTER #2 Name: Address: Zip: State: City: Telephone: Contact Person: XIII. WASTE DISPOSAL SITE Mill Street Landfill Name: 303 Brew Rd. Address: 14416 State: New York Zip: Bergen City: Telephone: XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Title Name: Authority: Date Ordered to Begin: Date if Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) December 15. 2014 Signature of Øwner/Operator XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. December 15, 2014 Signature of Owner/Operator Date

Operator Project			Po	ostmark		Park San	Date Re	ceived	Notificat	ion
						svcon	LICHOU BH		2015.12	2851.1
I. TYPE OF N	VOTIFICATION	V (O = Origin	nal / F	R = Rev	ised)	waterlights	0		1 2013 . 416	11. 101
I. FACILITY	INFORMATIO	N (identify o	owne	r remov	val co	ntractor	and other on	erator)		
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Address:	2400 Mt. Rea			-7-7-	- 25					
City:	Rochester		1	State:	Ne	w York		Zip:	14650-3013	
Contact:	Timothy Car	ufield	Maria A					Tel:	(585) 722-252	25
REMOVAL C	ONTRACTOR		ΙΔΔ	C Conti	racti	ag Inc	wicks.		(000) 122 201	
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Address:	1669 Lake A	ve. 14652		1 1001				Room		
Address:	B - 308	14002								-
City:	Rochester		T	State:	Ne	w York	County	Monroe		
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EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums. XII. WASTE TRANSPORTER #1 Waste Management - Rochester Name: Address: 1661 Mt. Read Blvd. 14606 Rochester State: New York Zip: City: Telephone: (716) 254-7574 Sue Rossi Contact Person: WASTE TRANSPORTER #2 Name: Address: Zip: State: City: Contact Person: Telephone: XIII. WASTE DISPOSAL SITE Name: Mill Street Landfill 303 Brew Rd. Address: State: New York Zip: 14416 City: Bergen Telephone: XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Title Name: Authority: Date Ordered to Begin: Date if Order (MM/DD/YY): XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) December 15. 2014 Date Signature of Owner/Operator XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator

December 15, 2014

Date

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT

Operator Project		F	ostmark	tue:	Date Rece		eceived	Notifica	ation	
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City:	Rochester			State:	Nev	V York	To Care Street	Zip:	14650-3013	
Contact:	Timothy Ca	ufield						Tel:	(585) 722-25	525
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ity:	Rochester		T	State:	Nev	York		Zip:	14609	
ontact:	Craig Everh	art						Tel:	(585) 527-80	00 ext 1
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I. TYPE OF	OPERATION	(D = Demol	ition/	R = Rer			R		Test 3.37 c	13411
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ldg. Name:	Kodak Park			Floor				Room		
ddress:	1669 Lake A	ve. 14652						7.00111		
ddress:	B - 315			10000	STREET,					
ity:	Rochester			State:	Nev	York	County	: Monroe		
ite Location				-						
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EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums. XII. WASTE TRANSPORTER #1 Waste Management - Rochester Name: 1661 Mt. Read Blvd. Address: 14606 State: New York Zip: Rochester City: Telephone: (716) 254-7574 Sue Rossi Contact Person: WASTE TRANSPORTER #2 Name: Address: Zip: State: City: Telephone: Contact Person: XIII. WASTE DISPOSAL SITE Mill Street Landfill Name: Address: 303 Brew Rd. 14416 State: New York Zip: Bergen City: Telephone: XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Title Name: Authority: Date if Order (MM/DD/YY): Date Ordered to Begin: XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES. PULVERIZED. OR REDUCED TO POWER. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) December 15. 2014 Date Signature of Owner/Operator XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. December 15, 2014 Date Signature of Owner/Operator

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT

Operator Project		Postmar	Postmark		Date Re	Received Notification		
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I. TYPE OF	NOTIFICATION	(O = Original / R = Re	vised)		C		pois 1919	11.71.70
		(identify owner, remo				and the same of th		
OWNER:	Eastman Koo	dak Company	oval CC	antiacion,	and other op	erator)		
Address:	2400 Mt. Rea				CONTRACTOR	No. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		1.83(.19)
City:	Rochester	State	: Ne	w York		Zip:	14650-3013	
Contact:	Timothy Cau			T. CIK		Tel:	(585) 722-25	525
REMOVAL (CONTRACTOR:	AAC Con	tracti	ng Inc	apsanuc			
Address:	175 Humbolt		ar a o a i	g mo.			THE COURT	
City:	Rochester	State	: Ne	w York		Zip:	14609	
Contact:	Craig Everha					Tel:	(585) 527-80	00 ext. 122
OTHER OP	ERATOR:							
Address:	T		_					
City:		State	:			Zip:		-07
Contact:						Tel:		
III TYPE OF	OPERATION (D = Demolition/R = Re	novoti	ion) :	R			
	STOS PRESEN				R			
			YE					
V. FACILITY	DESCRIPTION	I (include building nam	e, nun	ber and t	loor or room	number):	ENE ELL	
	Kodak Park	Floor	100	N/51	19/d 1	Room	740 5 1	
Address:	1669 Lake Av	/e. 14652						
Address:	B - 317			11,31,41				STREET, STREET
City:	Rochester	State:	Ne	w York	County	Monroe		
Cita I anation	•••							
		C= F4:		4 070 07	# .CE			
Building Size	e:	Sq. Ft:	60		# of Floors:		Sq. Meter	
Building Size Present Use	e: :	Age in Yea	60 rs: 38		Prior Use:			
Building Size Present Use VI. PROCED	e: : : DURE, INCLUDI	Age in Yea	60 rs: 38		Prior Use:	SED TO DET		
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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being in compliance with OSHA and Code Rule 56. XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Work practices include use of wet techniques, glove bags, negatively pressurized tent and enclosures, protective clothing, NIOSH approved respirator and hepa vacuums. XII. WASTE TRANSPORTER #1 Waste Management Rochester Name: Address: 1661 Mt. Read Blvd. State: New York Zip: 14606 Rochester City: Telephone: (585) 254-7574 Contact Person: Sue Rossi WASTE TRANSPORTER #2 Name: Address: State: Zip: City: Telephone: Contact Person: XIII. WASTE DISPOSAL SITE Mill Seat Landfill Name: 303 Brew Rd. Address: 14416 State: New York Zip: City: Bergen Telephone: XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW Name: Authority: Date if Order (MM/DD/YY): Date Ordered to Begin: XV. FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation: XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWER. XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED ON THE PROVISIONS OF THE REGULATION (40 CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATIONS AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) December 15, 2014 Signature of Owner/Operator XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. aus December 15, 2014 Signature of Owner/Operator

Operator Project		Postmark		Date Received		Notifica	ition		
	garner of the great and a for the country			10.	re unar	19-July 190-A		doci.12	100001
I. TYPE OF N	OTIFICATION	V (O = Origin	al / R = Revi	sed)		C	the Ha	14/017/19	211, 1000
I. FACILITY	INFORMATIO	N (identify o	wner remov	al co	ntractor	and other on	orator)		
OWNER:	Eastman Ko	dak Compa	nv	ai ooi	itractor, a	and other op	erator)		
Address:	2400 Mt. Re		a more laws in	Land A		manus Historia	en on englishe	I made on the	Tarable San
City:	Rochester		State:	Nev	v York		Zip:	14650-3013	
Contact:	Timothy Car	ufield					Tel:	(585) 722-25	25
REMOVAL C	ONTRACTOR		AAC Contra	actin	a Inc.	150.600.00	Control of the last		
Address:	175 Humbol	The second secon	pro contin		9 1110.		1000	The High	
City:	Rochester	100	State:	Nev	v York		Zip:	14611	
Contact:	Craig Everh	art					Tel:	(585) 527-800	00 ext. 12
OTHER OPE	RATOR:								
Address:	I	-		_					
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II TYPE OF	OPERATION	(D = Dome!!	ion/D = Do-		-1.	D			
				_		R		77.	
V. IS ASBES	TOS PRESEN	(yes/no)		YES	5				
/. FACILITY	DESCRIPTION	N (include bu	ilding name.	num	ber and f	loor or room	number):	PREDICT.	974 57
Bldg. Name:	Kodak Park		Floor	110111	or and t	iodi di rodini	Room		
Address:	1669 Lake A	ve. 14652							
Address:	B - 318	Artistic A			12.00	GVOD A YE	143714080	9 40 E.OC.	4 4 1
City:	Rochester	7	State:	Nov	v York	County	Monroe		0,47
			Otate.	1464					
Site Location									2010
Site Location Building Size			Sq. Ft:	19 ⁻		# of Floors:	10	Sq. Meter	
Site Location Building Size Present Use:			Sq. Ft: Age in Years:	19:	1,780.23	# of Floors: Prior Use:			
Site Location Building Size Present Use:			Sq. Ft: Age in Years:	19	1,780.23	# of Floors: Prior Use:	SED TO DET		
Site Location Building Size Present Use: /I. PROCED PRESENCE	URE, INCLUD	ING ANALY S MATERIAI	Sq. Ft: Age in Years: FICAL METH	19 ¹ : 39	1,780.23 IF APPR	# of Floors: Prior Use: OPRIATE, U		ECT THE	370
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Site Location Building Size Present Use: VI. PROCED PRESENCE The analysis materials tha Transmissio VII. APPROX NOT BE REM Pipes - Linea Burface Area Volume RAC Volume RAC	URE, INCLUD OF ASBESTO S was perform at were report IMATE OF RA MOVED. SPEC	ING ANALY S MATERIAL ed by Polar ded by PLM a croscopy (T CM TO BE F CIFY THE AM ers component-C component-C	Sq. Ft: Age in Years: FICAL METH ized Light M analysis to k EM) analysi REMOVED A MOUNT OF A	I 19°: 39 IIOD, IIICros De no Is. ASBE	I,780.23 IF APPR scopy (P n-asbes ION-FRI STOS B	# of Floors: Prior Use: OPRIATE, U LM) analysi tos containi ABLE ASBE ELOW: Removed	s. Selected ning were sub	ECT THE on-organicall sequently and RIAL THAT WI	alyzed by
Site Location Building Size Present Use: VI. PROCED PRESENCE The analysis materials tha Transmissio VII. APPROX NOT BE REM Pipes - Linea Burface Area Volume RAC Volume RAC	URE, INCLUD OF ASBESTO S was perform at were report IMATE OF RA MOVED. SPEC	ING ANALY S MATERIAL ed by Polar ded by PLM a croscopy (T CM TO BE F CIFY THE AM ers component-C component-C	Sq. Ft: Age in Years: FICAL METH ized Light M analysis to k EM) analysi REMOVED A MOUNT OF A	I 19°: 39 IIOD, IIICros De no Is. ASBE	I,780.23 IF APPR scopy (P n-asbes ION-FRI STOS B	# of Floors: Prior Use: OPRIATE, U LM) analysi tos contain ABLE ASBE ELOW: Removed	s. Selected ning were sub	ECT THE on-organicall sequently and RIAL THAT WI Category II Completion	alyzed by
Site Location Building Size Present Use: VI. PROCED PRESENCE The analysis materials tha Transmissio VII. APPROX NOT BE REM Pipes - Linea Pipes - Linea Surface Area Volume RAC Volume RAC VIII. SCHEDU	URE, INCLUD OF ASBESTO S was perform at were report IMATE OF RA MOVED. SPEC	ING ANALY S MATERIAL ed by Polar ed by PLM a croscopy (T CM TO BE F CIFY THE AM ers component-C component-C OF ASBEST	Sq. Ft: Age in Years: FICAL METH ized Light M analysis to b EM) analysi REMOVED A MOUNT OF A Cubic Feet cubic Meter OS REMOVA	I 19°: 39 IOD, licros be no s. ND N ASBE	I,780.23 IF APPR scopy (P n-asbes ION-FRI STOS B CM to be 1000 1000	# of Floors: Prior Use: OPRIATE, U LM) analysi tos containi ABLE ASBE ELOW: Removed	s. Selected ning were sub	ECT THE on-organicall sequently and RIAL THAT WI	alyzed by

X. DESCRIP	TION OF PLA	NNED DEM	OLITION OR	RENOVATION \	WORK, AND	METHOD	O(S) TO BE USED:		
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Complete removal of all types of ACM from many areas and equipment in this building, while being									
in compliance with OSHA and Code Rule 56. XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT									
							D TO PREVENT		
				ON AND RENOV					
Work prac	tices include	use of wet	techniques,	glove bags , ne	gatively pres	surizea	tent and		
enciosure	s, protective	clothing, Ni	OSH approv	ed respirator ar	id nepa vacu	iums.			
XII. WASTE	TRANSPORT	FR #1							
Name:	Waste Mana		chester	17					
Address:	1661 Mt. Re								
City:	Rochester		State:	New York		Zip:	14606		
Contact Perso	on:	Sue Rossi	The Breakers		Те	lephone:	(585) 254-7574		
WASTE TRAIN	SPORTER	#2							
Name:		A transfer of the same							
Address:		4-14-11							
City:			State:			Zip:			
Contact Perso	on:				ĮTe	lephone:			
XIII. WASTE I	DISPOSAL SI	TE							
Name:	Mill Seat La	ndfill	and the same						
Address:	303 Brew R	d.							
City:	Bergen		State:	New York		Zip:	14416		
Telephone:							4		
XIV. IF DEMO	OLITION IS C	RDERED BY	A GOVERN	MENT AGENCY	, PLEASE ID	ENTIFY 1	THE AGENCY BELOW		
Name:		Autom M				Title			
Authority:									
Date if Order	(MM/DD/YY)	:	C. 713011	Date Ordered to	Begin:		/		
XV. FOR EM	ERGENCY RI	ENOVATION	S						
Date and Hou									
Description of	f the Sudden,	Unexpected	Event:				100015 100		
Explanation o	f How the Eve	ent caused U	nsafe Condit	ions or Serious D	isruption of I	ndustrial	Operation:		
					41		The second confidence of the second		
			177						
					121 2 2	1 - 151 555			
							ECTED ASBESTOS		
			N-FRIABLE A	SBESTOS BEC	DMES CRUM	BLES, P	ULVERIZED,		
OR RED	UCED TO PO	JWER.							
i e									
WW LOCK			TOAILIES	NATUE DOOL #2	IONO OF TH	E DEAL"	ATION /40 OFF FAFT		
							LATION (40 CFR PART S AND EVIDENCE		
							WILL BE AVAILABLE		
				ESS HOURS. (R					
			T DOONNE	13.	oquilou i yoc	artor pri	omaigution)		
i.	Limo	thy C.	Caux	ulil			December 15, 2014		
	Signature of Owner/Operator Date								
XVIII. I CER	TIFY THAT T	HE ABOVE II	NFORMATIC	N IS CORRECT					
	-	it 1	1/2	/11					
	time	ony (ale	field			December 15, 2014		
1	01	Owner/Oper					Date		

Operator Project		Postmark	- N-	Date Received			Notifica	ation
4	Non-graftphalairi.	druggeder, if the		to gette	ern eit täusk		2015.131	5506.116
. TYPE OF N	NOTIFICATION (O = O	riginal / R = Revi	sed)		C		1 3/413 (4)	411 1.1
I. FACILITY	INFORMATION (ident	tify owner, remov	al co	ntractor.	and other op	erator)	N. AND WHAT IN THE	771277
OWNER:	Eastman Kodak Co	mpany		swindings	seminanat u	hate the later code		
Address:	2400 Mt. Read Blvd.	kay simert hiles wa	tesia	to a little by	HOSSII waard	l myddinae	Anna Nagalia da	
City:	Rochester	State:	Nev	v York		Zip:	14650-3013	*
Contact:	Timothy Caufield					Tel:	(585) 722-25	525
REMOVAL C	ONTRACTOR:	AAC Contra	actin	a Inc				
Address:	175 Humbolt St	prove contra	uotiii	9 1110.		1000	THE PERSON	
City:	Rochester	State:	Nev	/ York	district in	Zip:	14609	
Contact:	Craig Everhart		ie. New York			Tel:	(585) 527-80	00 avt 12
THER OPE	RATOR:					1 101.	(000) 021-00	OU EXL. 12
Address:	INATOR.							
City:		State:				T		
Contact:		State.				Zip:		
						Tel:		
	OPERATION (D = Der		vatio	n) :	R			
V. IS ASBES	STOS PRESENT? (yes	s/no):	YES					
/ FACILITY	DESCRIPTION (include	la huildina nana			2			
Bldg. Name:	DESCRIPTION (includ	le building name,	num	per and	loor or room			100
ddress:	1669 Lake Ave. 146	Floor	411			Room	Marine or	
Address:	B - 319	32						100
City:	Rochester	State:	Nov	York	Country	Monroe		
ite Location:		J State.	Mev	TOIK	County	livionroe		
Building Size:		Sq. Ft:	101	625.26	# of Floors:	7-7-2	I Ca Motor I	
resent Use:		Age in Years:		.,020.20	Prior Use:		Sq. Meter	
	URE, INCLUDING ANA							
he analysis naterials tha	OF ASBESTOS MATE was performed by Po at were reported by Pl n Electron Microscop	olarized Light M LM analysis to b	e no	copy (P n-asbes	PLM) analysi tos containi	s. Selected r ing were sub	non-organical esequently and	ly bound alyzed by
	IMATE OF RACM TO			ON EDI	ADLE ACDE	CTOC MATE	DIAL THAT 140	
IOT BE REM	MOVED. SPECIFY THI	E AMOUNT OF A	ASBE	STOS B	ELOW:	OTOG WATE	NAL IIIAT WI	
	*****		IRAC	M to be	Removed	Category I	Category II	
ipes - Linear	r Feet			1000		- Catagory 1	Jakogory II	
ipes - Linear	r Meters					70,000		
urface Area	- Square Feet			1000	CONTRACTOR OF THE	PHO SE SE		
	- Square Meters	EUR TO EBREA		AU LOS VI		CONTROL STATE		
	M off Facility Compone				Production in the	CAL CHI IN EDIC	Separate in	
olume RACI	M off Facility Compone	nt-Cubic Meter			7.	1/2		
	JLED DATES OF ASB				Start: 1/2/2015		Completion 12/31/2015	
X. SCHEDU	LED DATES OF DEMO	OLITION/RENOV	/ATIC	N:	Start:	THE STATE OF THE	Completion	S BUX

X. DESCRIPT	TON OF PLA	NNED DEMO	OLITION OR	RENOVATION W	ORK, AND METHO	D(S) TO BE USED:
Complete i	removal of a	II types of A	CM from ma	ny areas and eq	uipment in this build	ding, while being
in complia	nce with OS	HA and Cod	e Rule 56.			
XI. DESCRIP	TION OF WO	RK PRACTION	CES AND EN	GINEERING CO	NTROLS TO BE USE	D TO PREVENT
EMISSION:	S OF ASBES	STOS AT THE	DEMOLITIC	N AND RENOVA	TION SITE:	
Work pract	tices include	e use of wet	techniques,	glove bags , neg	atively pressurized	tent and
enclosures	s, protective	clothing, NI	OSH approv	ed respirator an	d hepa vacuums.	
XII. WASTET			1 4			
		agement Roc	nester			
Address:	1661 Mt. Re	ad Bivd.	State	New York	Zip:	14606
City:	Rochester	Cua Bassi	State:	New TOIK	Telephone	
Contact Perso	n;	Sue Rossi			Telephone	(666) 264 1614
WASTE TRAN	ISPORTER	#2		All Land Re Cool or Separate of		
Name:		1				
Address:					7:	
City:			State:		Zip:	
Contact Perso	n:				Telephone	
XIII. WASTE	DISPOSAL S	ITE				
Name:	Mill Seat La					
Address:	303 Brew R		7.			
City:	Bergen		State:	New York	Zip:	14416
Telephone:						
	OLITION IS C	DDEDED D	/ A GOVERN	MENT AGENCY	PI FASE IDENTIFY	THE AGENCY BELOW
	LITION IS C	KDEKED BI	AGOVERN	WILIT AGENCY,	Title	THE MODING! BELOW
Name:					1 1110	
Authority: Date if Order	(NANA/DD/VV)	•	100	Date Ordered to	Regin:	
				Date Ordered to	Dogin.	
XV. FOR EME						
Date and Hou						
Description of						
Explanation of	f How the Ev	ent caused U	nsafe Conditi	ons or Serious Di	sruption of Industria	Operation:
•						
						1
			37442 3338	ACTOR NO.		
XVI. DESCRI	PTION OF P	ROCEDURE	TO BE FOLI	LOWED IN THE B	VENT THAT UNEX	PECTED ASBESTOS
IS FOUN	ID OR PREV	IOUSLY NON	N-FRIABLE A	SBESTOS BECC	MES CRUMBLES, F	PULVERIZED,
OR RED	UCED TO P	OWER.				
YVII I CERT	IEV THAT AN	LINDIVIDUA	TRAINED	N THE PROVIS	ONS OF THE REGI	ILATION (40 CFR PART
61 SLIRE		I BE ONLSIT	E DURING T	HE DEMOLITION	OR RENOVATION	S AND EVIDENCE
THAT TH	JE REOLIRE	D TRAINING	HAS REEN	ACCOMPLISHED	BY THIS PERSON	WILL BE AVAILABLE
FOR INS	SPECTION D	LIRING NOR	MAI BUSINE	SS HOURS (Re	equired 1 year after p	romulgation)
1 010 1140	LOTIONE			1 11	quirou i your artor p	. C
	Timor	the C	(aus)	0111		December 15, 2014
	Signature of	f Owner/Oper	rator			Date
	Jigilatare 0	. Эуттоглорог				
XVIII. I CERT	IFY THAT T	HE ABOVE II	NFORMATIO	N IS CORRECT.		
_		-1		1'11		
	Leneo	Thes (-	Caux	reld		December 15, 2014
		f Owner/Oper	rator			Date

Operator Project			Postmark		La tro	Date Received		Notificat	
I. TYPE OF N	OTIFICATION	(O = Origina	I / R = Revi	(has		0	,postorer	5015.12	\$ (.401
					ntractor, and other operator)				
OWNER:	NFORMATIO	N (identify ov	vner, remov	al co	ntractor,	and other op	erator)	diseased at	
Address:	Eastman Ko		ıy			samper by	Stromaticu		
	2400 Mt. Rea	ad Bivd.					Lot 5 habit		1,795
City: Contact:	Rochester Timothy Cau	eficial d	State:	Ne	w York	MAR.	Zip:	14650-3013	167
							Tel:	(585) 722-252	25
	ONTRACTOR		AAC Contr	actir	g Inc.				
ddress:	175 Humbol	t St					18		
City:	Rochester		State:	Ne	w York		Zip:	14609	AL W
Contact:	Craig Everha	art					Tel:	(585) 527-800	0 ext. 12
THER OPER	RATOR:	7							
ddress:			entra especial			-			
ity:			State:				Zip:		
ontact:	-					and a supplement	Tel:		
TYPEOE	ODEDATION	(D. D. IIII	<u></u>				1 101.		
LICACRE	OPERATION (D = Demolition	on/R = Ren			R	0.9	5 16 4 70 6	31000
7. 15 ASBES	TOS PRESEN	11? (yes/no):		YE	S			175478	100
. FACILITY [DESCRIPTION	V (include bui	lding name.	num	ber and f	loor or room	number).		
ldg. Name:	Kodak Park		Floor				Room		
ddress:	1669 Lake A	ve. 14652				-	1.00111		
ddress:	B - 320				k managar				
ity:	Rochester		State:	Nev	v York	County:	Monroe		
ite Location:						- County.	1		
uilding Size:		1	Sq. Ft:	169	.997.40	# of Floors:	and the party of the party	Sq. Meter	
resent Use:		Ä	ge in Years			Prior Use:		T od. Woter T	
DDOCEDI	JRE, INCLUD								
aterials tha ransmissior II. APPROXI	t were report n Electron Mi	ed by PLM a croscopy (Ti CM TO BE R	nalysis to I EM) analys EMOVED A	be no is. ND I	n-asbes NON-FRI	tos containi	ng were sub	on-organically sequently ana RIAL THAT WIL	lyzed by
pes - Linear	Feet			RA	CM to be 1000	Removed	Category I	Category II	
ipes - Linear			SHUSEY.	THE T	PATE TO A	UNITED HIT JA	JUV III	10/1 7 10	
	- Square Feet	A THE WAY		. 7748	1000	DEPLOY SITS	PART OF IN	PIM SASE	
	- Square Mete		C YELLIGHTS	145	3000 9	198 SAP 전	BOTH TOP	NUMBER STORY	
	off Facility C		ubic Feet	990	NH BBB	THE WHITE	DELETE NO	AC21084275	
	off Facility C				- No.	7. 4			
III. SCHEDU	LED DATES (OF ASBESTO	OS REMOVA	AL		Start: 1/2/2015		Completion 12/31/2015	
X. SCHEDULED DATES OF DEMOLITION/RENOV/			/ATI	ON:	Start:		Completion		
C. DESCRIPT	TION OF PLAI	NNED DEMO	LITION OR	REN	OVATIO	N WORK, AI		(S) TO BE USE	

in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT

	FRANSPORTE					
Name:	Waste Mana		nester			
Address:	1661 Mt. Rea	d Bĺvd.				
City:	Rochester		State:	New York	Zip:	14606
Contact Perso	on:	Sue Rossi			Telephone:	(585) 254-7574
	SPORTER #	2				AND THE STREET
Name:						
Address:			01-1		7ini	
City:			State:		Zip: Telephone:	
Contact Perso	on: I				Telepriorie.	
VIII WASTE I	DISPOSAL SI	TE .				
Name:	Mill Seat Lar					
Address:	303 Brew Ro					
City:	Bergen		State:	New York	Zip:	14416
Telephone:	Deigen		Otato.	HOW TOTA		
relephone.						
XIV IF DEMO	OLITION IS O	RDFRFD BY	A GOVERN	IMENT AGENCY, PLE	ASE IDENTIFY T	HE AGENCY BELOW
Name:	1				Title	
Authority:						3
	(MM/DD/YY):			Date Ordered to Begi	n:	
XV. FOR EME	ERGENCY RE	NOVATIONS				
Date and Hou	ir of Emergend	y (MM/DD/Y	Y):			
Description of	the Sudden, I	Unexpected E	vent:		- 28	
	The second secon					
Explanation o	f How the Eve	nt caused Un	safe Condit	ions or Serious Disrupt	tion of Industrial	Operation:
						-
the part of the second of the				LOWED IN THE EVEN		
			FRIABLE A	ASBESTOS BECOMES	CRUMBLES, PU	JLVERIZED,
OR RED	UCED TO PC	WER.				
-						
W/II LOEDT	ICV THAT AND	INDIVIDITAL	TO AINIED	ON THE DROVICIONS	OF THE DECLI	ATION (40 CED DADT
						ATION (40 CFR PART
				THE DEMOLITION OR ACCOMPLISHED BY		
				ESS HOURS. (Require		
FOR IN	SPECTION DO	ING NORIV	IAL BUSINE	233 HOURS. (Require	ed i year aiter pro	omulgation)
	Timo	The (But	000		December 15, 2014
	Signature of	Owner/Opera	tor			Date
	Signature of	Owner/Opera				Date
XVIII. I CER	TIFY THAT TH	E ABOVE IN	FORMATIC	N IS CORRECT.		
		1 0		1-11		
	/ ems	they (-	(aug	held		December 15, 2014
200	Signature of	Owner/Opera	tor	L SUSTINION PORTE TO A LA		Date

Operator Project			Postmark	4781	per pe	Date Re	eceived	Notific	
I TYPE OF N	IOTIFICATION	1 (O = Osisia	-1/0 0	al Salves	WVVIII .	BONE LIBERT	and the Holes Br	612106	21.4078
I. TYPE OF N		A CONTRACTOR OF THE PARTY OF TH						STREET, M. LEWIS	
II. FACILITY I	NEORMATIO	N (identify or	wner, remov	al co	ntractor,	and other op	erator)	ad usunan s	TO MAKE THE
OWNER: Address:	Eastman Ko	dak Compa	ny			Section 5	of New Yorks	Stanta Na	250,000
City:	2400 Mt. Rea	ad Bivd.	0				at 13 lips	الهوبالليا	
Contact:	Timothy Cau	ifiold	State:	Nev	v York	Skelf	Zip:	14650-3013	3012
							Tel:	(585) 722-2	525
	EMOVAL CONTRACTOR: AAC of ddress: 175 Humbolt St			ractin	g Inc.				
City:									
Contact:			State:	Nev	V York		Zip:	14609	1000
		art					Tel:	(585) 527-80	00 ext. 122
OTHER OPE	RATOR:								
Address:									
City: Contact:			State:				Zip:	TREE CONTRACT	
							Tel:		The state of
III. TYPE OF	OPERATION (D = Demoliti	on/R = Ren	ovatio	n) :	R	5/9		0.889,804
IV. IS ASBES	TOS PRESEN	T? (yes/no)		YES	WERE	240/E		94% 1661	1/6-2
V. FACILITY	DESCRIPTION	V (include bu	ilding name	num	per and	floor or room	number).		
Bldg. Name:	Kodak Park	· (mreigae ba	Floor	, marri	per and	noor or room	Room		
Address:	1669 Lake A	ve. 14652	11001	-			ROOM		SCHOOL SEX
Address:	B - 325	-7	-	-					10000
City:	Rochester		State:	New	York	County	Monroe		
Site Location:							inom co	Market Control	
Building Size:			Sq. Ft:	51	,285.00	# of Floors:		Sq. Meter	179/140-759
Present Use:		Α	ge in Years			Prior Use:		T Gqi illiotoi	
VI. PROCEDU	JRE, INCLUDI	NG ANALYT	ICAL METH	HOD. I	F APPR	OPRIATE. U	SED TO DET	FCT THE	
PRESENCE C	OF ASBESTOS	S MATERIAL							
The analysis	was performe	ed by Polari	zed Light N	licros	сору (F	LM) analysis	s. Selected r	on-organical	ly bound
materials tha	t were reporte	ed by PLM a	nalysis to I	be no	n-asbes	tos containi	ng were sub	sequently an	alyzed by
Transmission	n Electron Mic	croscopy (T	EM) analysi	is.					
VII. APPROXI	MATE OF RA	CM TO BE R	EMOVED A	ND N	ON-FRI	ABLE ASBES	STOS MATER	RIAL THAT W	ILL
NOT BE REM	OVED. SPEC	IFY THE AM	OUNT OF	ASBE	втоѕ в	ELOW:			
					SHALL IN				
B				RAC		Removed	Category I	Category II	
Pipes - Linear					1000				na e e e e
Pipes - Linear Surface Area -					4000				
Surface Area -		ro			1000	AND REAL PROPERTY.			5 2.45
Volume RACM			thic Feet			TECH CIRC	Service of the servic	275 July 2 20 - 5 11	
Volume RACM	off Facility Co	omponent-Ci	ibic Meter		E 1				
				-	7.7				
VIII. SCHEDU	LED DATES C	OF ASBESTO	S REMOV	AL		Start:	17	Completion	
N 0011==:						1/2/2015		12/31/2015	
IX. SCHEDUL	LED DATES O	F DEMOLITI	ON/RENO\	/ATIO	N:	Start:	1,10,00	Completion	Secretary in the second
1948				18 8	1.05.115	THE RESERVE	Street Section		
Y DESCRIPT	ION OF PLAN	INED DEMO	LITION OF	DEN	DVATIO	NI MODIZ AN	ID METUOD	(C) TO DE 110	ED.

Complete removal of all types of ACM from many areas and equipment in this building, while being

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT

in compliance with OSHA and Code Rule 56.

	TRANSPORTER #1				
Name:	Waste Management R	ochester			
Address:	1661 Mt. Read Blvd.		71 V 1	7in.	14606
City:	Rochester	State:	New York	Zip:	
Contact Person	on: Sue Ross	<u>i </u>		Telephone:	(585) 254-7574
	NSPORTER #2				
Name:					**************************************
Address:		1 01-1		Zip:	
City:		State:		Telephone:	
Contact Person	on:			Telephone.	
WW 1440TE	DIODOCAL CITE				
	DISPOSAL SITE				
Name:	Mill Seat Landfill				
Address:	303 Brew Rd.	Ctata	New York	Zip:	14416
City:	Bergen	State:	New York	Zip.	14410
Telephone:					
VII	OLITION IS OPPEDED.	DV A COVEDA	NMENT AGENCY, PLEA	SE IDENTIEV	THE AGENCY BELOW
	OLITION IS ORDERED	BY A GOVERN	NIVIENT AGENCT, FLEA	Title	TIL AGENOT DELOW
Name:				Title	
Authority:	(1414/00000		Date Ordered to Begin	:	
Date if Order	(MM/DD/YY):		Date Ordered to Begin		
	EDOENOV DENOVATIO	NIC			
	ERGENCY RENOVATION				
Date and Ho	ur of Emergency (MM/D	D/YY):			
Description o	of the Sudden, Unexpected	ed Event:			
			ti Diamontia	an of Industrial	Operation:
Explanation (of How the Event caused	Unsale Condi	tions or Serious Disruption	on or industrial	Operation.
	7 3				
XVI. DESCF	RIPTION OF PROCEDUI	RE TO BE FOL	LOWED IN THE EVENT	THAT UNEXF	PECTED ASBESTOS
IS FOU	ND OR PREVIOUSLY N	ON-FRIABLE A	ASBESTOS BECOMES	CRUMBLES, P	ULVERIZED,
	DUCED TO POWER.				
XVII LCER	TIEY THAT AN INDIVIDU	IAI TRAINED	ON THE PROVISIONS	OF THE REGU	LATION (40 CFR PART
61 SLIP	PART MI WILL BE ON-	SITE DURING	THE DEMOLITION OR I	RENOVATIONS	S AND EVIDENCE
THAT	THE DECL LIDED TRAINING	NG HAS BEEN	ACCOMPLISHED BY T	HIS PERSON	WILL BE AVAILABLE
I DAT I	ISDECTION DISIBILICATION	JONAL BLIGHT	ESS HOURS. (Required	1 1 year after n	romulgation)
FOR IN	ISPECTION DURING INC	KIVIALBUSIN	L33 HOUNS. (Nequired	a i year aiter p	omalgation)
	The Il	(1.10		December 15, 2014
	Journo My	. aug	ull		Date December 15, 2014
	Signature of Owner/O	perator 0			Date
			The state of the s		
		- 11.15051.4.4=1	ON IO CORRECT		
XVIII. I CEF	RTIFY THAT THE ABOVI	= INFORMATIO	ON IS CORRECT.		
	-1 "A	1 (1.11		D
	/ smolly (- ally	rues		December 15, 2014
	Signature of Owner/O	perator	The second by the second of the	er in Sport in	Date

Operator Project		g Phys	Postmark	g T P	иа вос	Date Rec		Notific	ation
	Service Impact &	actions and A	herengian,	260	9-10-0	apatral part per		8015.1012	1190V.
I. TYPE OF N	OTIFICATION	I(O = Origina	al / R = Rev	ised):	ar anyo	0	Shraward AR	14/11/2 /11/0)	1. 101
I. FACILITY II	NFORMATIO	N (identify ov	vner, remov	/al cor	tractor a	nd other one	ator)		
OWNER:	Eastman Ko	dak Compar	1V		radion, a	na other oper	atory		
Address:	2400 Mt. Rea						In a life in a second		
City:	Rochester		State:	Nev	York	112	Zip:	14650-3013	
Contact:	Tim Caufield						Tel:	(585) 722-2	525
REMOVAL CO	ONTRACTOR	:	AAC Conti	ractin	n Inc			1237.122.2	
Address:	175 Humbol		7 10 00110	uotiii	j 1110.				
City:	Rochester		State:	Nev	York		Zip:	14609	100
Contact:	Craig Everh	art					Tel:	(585) 527-80	00 ext 12
OTHER OPER	RATOR:						1	(000) 021 00	OU CAL. 12
Address:	OTTOIT.								
City:			State:				7:		
Contact:			Otate.				Zip: Tel:		
							Tel:		
I. TYPE OF C	PERATION	(D = Demolitie	on/R = Ren	ovatio	h) :	R	.587	ery8 1/4	HOLESON.
V. IS ASBES	TOS PRESEN	11? (yes/no):		YES	1000			(Barna 9)	100
. FACILITY [ESCRIPTION	V (include bui	ilding name	. num	er and flo	oor or room n	umber).	The same of the sa	
Bldg. Name:	Kodak Park	A LETTER WATER	Floor			20. 01.100.1111	Room		
Address:	1669 Lake A	ve. 14652					7100111		
ddress:	B - 326			-					
ity:	Rochester		State:	Nev	York	County:	Monroe	ALC: N	
ite Location:									
Building Size:			Sq. Ft:		0,248.00	# of Floors:	The second	Sq. Meter	BRESS
Present Use:		A	ge in Years	: 47		Prior Use:			
ransmission	MATE OF RA	croscopy (TI CM TO BE R	EM) analys EMOVED A	is. AND N	ON-FRIA	BLE ASBES		equently and	
ipes - Linear	Feet			RAC	M to be F 1000	A CONTRACTOR OF THE PARTY OF TH	Category I	Category II	
ipes - Linear			SAFE SEELS		1000		APILINI AN		
	Square Feet			TO VICE	1000	WHO SHE	MO SEL DIN	19 7 7 10 10 1	
	Square Mete		a te tetra	100	1000	SEE BATTERS	ACCES TO SERVE		
	off Facility C		ubic Feet	g Pite II.	Fr Baran	CLE LANGE	# SHAPULI P	CHT JEI SEIT	
	off Facility C				10	A.A.		-	
III. SCHEDU	LED DATES (OF ASBESTO	S REMOV	AL		Start: 1/2/2015		Completion 12/31/2015	
K. SCHEDUL	ED DATES C	F DEMOLITI	ON/RENO	VATIC	N:	Start:		Completion	
Complete in complia	removal of al nce with OSI	I types of AC	CM from market Rule 56.	any a	eas and	equipment i	n this buildi	S) TO BE USE	g

XII. WASTE						
Name:		agement Ro	chester			
Address:	1661 Mt. Re	ad Blvd.			7.	44000
City:	Rochester		State:	New York	Zip:	14606
Contact Person	on:	Sue Rossi			Telephone:	(585) 254-7574
== ==	JORGOTTO	110				
WASTE TRAI	NSPORTER	#2				
Name:						
Address:			State:		Zip:	
City: Contact Perso	<u></u>	T	State.		Telephone:	
Contact Perso	on:	L			Treiepriorie:	
XIII. WASTE	DISPOSAL S	ITE				
Name:	Mill Seat La				The second	
Address:	303 Brew R		-			1 1/28 - 1 1 1 1 1 1 1 1
City:	Bergen		State:	New York	Zip:	14416
Telephone:	Bergen		T Clare.			
reiepriorie.						
XIV IF DEM	OLITION IS C	DRDERED B	Y A GOVERN	IMENT AGENCY, PLEAS	E IDENTIFY TH	HE AGENCY BELOW
Name:	T · · · · ·				Title	
Authority:						
Date if Order	(MM/DD/YY):		Date Ordered to Begin:		3 1
				para subspaces		- 3648
XV. FOR EM	ERGENCY R	ENOVATION	IS			
Date and Hou	ur of Emerger	ncy (MM/DD/	YY):			
Description o	f the Sudden,	, Unexpected	Event:		LUMB ONLY	Cara cont
						2.35
Explanation of	of How the Ev	ent caused L	Insafe Condit	ions or Serious Disruption	of Industrial C	peration:
						as a rest of the second
			365			
						OTED ADDESTOR
				LOWED IN THE EVENT		
			N-FRIABLE A	ASBESTOS BECOMES C	RUMBLES, PU	LVERIZED,
OR REI	DUCED TO P	OWER.				
	· · · · · · · · · · · · · · · · · · ·					
			. TOAILIED	ON THE PROVICIONS OF	E THE DECLI	ATION (40 CER DART
XVII. TCER	IIFY THAT A	N INDIVIDUA	L TRAINED	ON THE PROVISIONS OF	FINE REGUL	AND EVIDENCE
61 SUB	PART M) WIL	LL BE ON-SI	IE DURING	THE DEMOLITION OR RE	ENOVATIONS	AND EVIDENCE
				ACCOMPLISHED BY TH		
FOR IN	SPECTION L	DURING NOF	KMAL BUSINI	ESS HOURS. (Required	i year after pro	mulgation)
	7.	11	1/1	1-00		December 15, 2014
	mo	iny C.	Caux	ald		December 15, 2014
	Signature of	of Owner/Ope	rator O			Date
VVIII LOED	TIEV TUAT T	THE ABOVE !	NEODMATIC	ON IS CORRECT.		
XVIII. I CER	TICT IMALI	LE ADOVE	INFORMATIC	A A		
	1	16, 6	Can l	1.1.0		December 15, 2014
	Signature	of Owner/One	rator	THE RESERVE WHEN SHOW		Date
12.	Signature C	of Owner/Ope	ialui "		-	Date

Operator Project			Postmark			Date Re	ceived	Notifica	ation	
	hine sitted to	tiffusariq ;	Bridger,		de per estado such destro de para de procesa.			20151818	6011/2 10	
I. TYPE OF I	NOTIFICATION	V(O = Original)	al / R = Rev	ised) :	A tracking	C	Filh social of A	1 -04 - 0 1	- Strenger	
II. FACILITY	INFORMATIO	N (identify o	wner, remov	/al cor	tractor, and other operator)					
OWNER:	Eastman Ko	dak Compa	nv	- CI - OOI	tractor,	and other op	crator)	The state of the s		
Address:	2400 Mt. Re						Ex-12 Depart			
City:	Rochester	add I	State:	New	York	west?	Zip:	14650-3013		
Contact:	Timothy Ca	ufield					Tel:	(585) 722-25	525	
REMOVAL C	ONTRACTOR)•	AAC Contr	acting	Inc			(333) . == =		
Address:	175 Humbol	And the second s	ANO CONTA	acting	inic.					
City:	Rochester		State:	New	York		Zip:	14609		
Contact:	Craig Everh	art	Otato.	1101	TOIR		Tel:	(585) 527-80	00 avt 12	
OTHER OPE							1	(303) 321-00	OU GAL. 12	
Address:	T T									
City:		-	State:				·			
Contact:		State.					Zip:			
							Tel:			
II. TYPE OF	OPERATION	(D = Demoliti	on/R = Ren			R	1,599	WITH COLL	18383544	
V. IS ASBES	STOS PRESEN	NT? (yes/no)		YES				THE PARTY	100	
V. FACILITY	DESCRIPTION	N (include bu	ilding name	numb	er and	floor or room	number):			
Bldg. Name:	Kodak Park	· (molade ba	Floor	, Hallik	Ci and	1001 01 100111	Room	1		
Address:	1669 Lake A	ve. 14652	11001				ROOM	31 - St. 1 - S		
Address:	B - 333									
City:	Rochester		State:	New	York	County	Monroe			
Site Location	the second secon		Otato.	11011	TOTAL	Obuilty.	INOTHOE			
Building Size:			Sq. Ft:	55	860.90	# of Floors:		Sq. Meter		
Present Use:		A	ge in Years		,000,00	Prior Use:		T Oq. Meter T		
// DDOCED	UDE INOLUE									
DESCRICE	URE, INCLUD	ING ANALY I	ICAL METE	HOD, I	F APPR	OPRIATE, U	SED TO DET	FECT THE		
	OF ASBESTO	The state of the second st								
i ne anaiysis	was perform	ed by Polari	zed Light N	licros	copy (P	LM) analysi	s. Selected r	on-organical	ly bound	
materials tha	at were report	ed by PLM a	nalysis to l	be no	n-asbes	tos containi	ng were sub	sequently an	alyzed by	
	n Electron Mi									
∕II. APPROX	IMATE OF RA	CM TO BE R	REMOVED A	ND N	ON-FRI	ABLE ASBES	STOS MATE	RIAL THAT WI	LL	
NOT BE REM	MOVED. SPEC	CIFY THE AM	IOUNT OF	ASBE	TOS B	ELOW:				
					DOM:					
					1000					
	na en la care	of the same of the		RAC	M to be	Removed	Category I	Category II		
Pipes - Linea					1000		and the second second	gradie lace		
Pipes - Linea		CASA TALA	1 424 10190	11111	1,791	AND THE PARTY OF	artis Assessed to Nation	318211 3 4 TO		
	- Square Feet		THE TOTAL	- 12	1000	samura Aut a ta	PERMIT	2 (0) 1 -41 -0		
Surface Area - Square Meters						AND STATEM	BEILEN LOSS	ACTIVE SECTION		
	M off Facility C				T DOWN		PER BURNUL	ACTION STATE		
olume RACI	M off Facility C	omponent-Cu	ubic Meter		8 1	1	- 77	1		
/III SCHEDI	II ED DATES	OF ASPEST	OS DEMOVA	Λ1	1000	Start:	- 20	Completion		
/III. SCHEDULED DATES OF ASBESTOS REMOVAL						1/2/2015		Completion		
K. SCHEDULED DATES OF DEMOLITION/RENOVATION					NI:			12/31/2015		
A. SCHEDU	LED DATES C	DEMOLIT	ION/KENU\	AIIO	٧.	Start:		Completion		
					20, 1970	LANGE PULL	DENEAUEL.			
, DE065:	TION 05 5: 11									
	TION OF PLA									
Complete	removal of a	ii types of A	IVI Trom ma	any ar	eas and	ı equipment	in this build	ing, while bei	ng	

in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT

XII. WASTE	TRANSPORT	TER #1	. 10.5.			J	
Name:		agement Ro	chester		1-60-614		
Address:	1661 Mt. Re						
City:	Rochester		State:	New York		Zip:	14606
Contact Pers	on:	Sue Rossi	*		Te	lephone:	(585) 254-7574
		- 20-MILE-MI					
WASTE TRA	NSPORTER	#2					
Name:							
Address:						7:	
City:			State:			Zip:	
Contact Pers	on:				116	lephone:	
	DIODOGAL O						
	DISPOSAL S						
Name:	Mill Seat L						
Address:	303 Brew F	Ka.	Ctoto	New York		Zip:	14416
City:	Bergen		State:	New TOTK		Zip.	14410
Telephone:							
W. IE DEM	OLITION IS	ODDEDED DI	V A COVERN	MENT ACENCY	DIEASEID	ENITIEY "	THE AGENCY BELOW
	OLITION IS	OKDEKED B	Y A GOVERN	NIVIENT AGENCT	, PLEASE ID	Title	THE AGENOT BELOW
Name:						Tide	
Authority:	(MANA/DDAGA	۸.	/////////////////////////////////////	Date Ordered to	Begin:		
Date if Order	(MM/DD/YY)		Date Ordered to	begin.		
W FOR EM	EDCENCY E	RENOVATION	IC				
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN							
		ncy (MM/DD/					
Description of	the Sudden	, Unexpected	Event.				
Explanation (of How the Ev	vent caused U	Insafe Condit	tions or Serious D	Disruption of	ndustrial	Operation:
ŧ.	A 5 A 4						
IS FOU		VIOUSLY NO		LOWED IN THE ASBESTOS BEC			ECTED ASBESTOS ULVERIZED,
		MINDERS.	T TD 1 11 155	ON THE DOO!	NONO OF T	E DEOL	LATION (40 OFF DART
61 SUB THAT T	SPART M) WI THE REQUIR ISPECTION I	LL BE ON-SIT	TE DURING TO HAS BEEN RMAL BUSINI	THE DEMOLITIO	N OR RENO D BY THIS P	VATIONS ERSON	LATION (40 CFR PART S AND EVIDENCE WILL BE AVAILABLE comulgation) December 15, 2014 Date
				\$60 T			
XVIII. I CER	RTIFY THAT	THE ABOVE I	NFORMATIC	ON IS CORRECT			
	Tem	other C	· Cau	held			December 15, 2014
5/4 87	Signature of	of Owner/Ope	rator /	CO TRACTOR YELLOW			Date

Operator Project		1.59	Postmark	San q	NA MOI	Date Re	eceived	Notification	
	200 101 200	sala eraid i	terneger.	49,4		Anateurise i	way be replied	2015.121	il. di
I. TYPE OF N	OTIFICATION	(O = Origin	al / R = Rev	vised):	333		Ballio Bases &	COURT ACCOUNT	1818-0610
I. FACILITY I	NFORMATION	(identify o	wner, remo	val cor	tractor,	and other op	perator)		
OWNER:	Eastman Kod	lak Compa				To lands			
Address:	2400 Mt. Read	d Blvd.					Tai les hase		4 13 1
City:	Rochester		State:	New	York	Albert I	Zip:	14650-3013	
Contact:	Timothy Cauf	ield					Tel:	(585) 722-25	25
REMOVAL CO	ONTRACTOR:		AAC Cont	racting	Inc.		***		
Address:	175 Humbolt	St			Liver beauty				1 3 1 5 5
City:	Rochester		State:	New	York		Zip:	14609	190.5
Contact:	Craig Everhai	rt					Tel:	(585) 527-80	00 ext. 12
THER OPER	RATOR:								
ddress:			-						
ity:			State:				Zip:		
ontact:			THE RESIDENCE				Tel:		
I TYPE OF (OPERATION (D) = Demoliti	on/R = Ren	ovatio	.) .	R			
	TOS PRESENT			YES		IK.		W 103 / 103	
. FACILITY I	DESCRIPTION	(include bu		, numb	er and f	loor or room			
	Kodak Park		Floor				Room		
ddress:	1669 Lake Av	e. 14652	-						
ddress:	B - 337		01.1				122		
ity:	Rochester		State:	New	York	County	Monroe		
ite Location:			C- F4	1 20	F00.04	n .c=			
uilding Size: resent Use:			Sq. Ft:		,596.84	# of Floors:		Sq. Meter	
	JRE, INCLUDIN					Prior Use:			
ransmissior II. APPROXI	t were reported Electron Micron MATE OF RAC OVED. SPECII	M TO BE R	EM) analys REMOVED /	is. AND N	ON-FRI	ABLE ASBE			
				IRAC	M to be	Removed	Category I	Category II	
ipes - Linear	Feet				1000		1	gorj 11	
pes - Linear		SWITTER TO	Constant.	1713		ALTERNATION OF		DWG T T T T T	
	Square Feet	He Arrondo	THE PROPERTY	4617	1000	PRINCIPLE OF		A THE SHALL ST	
urface Area -	Square Meters	3 PERMITTEE	TH Uarri		N. A. P.	JOHN SHIT WA	STEADY OF	BUILDING SELLI	
	off Facility Co				1000	respectations	Jake Carticipal U	WITH CHARLE	
olume RACM	off Facility Co	mponent-Cu	ubic Meter		30	100			
II. SCHEDU	LED DATES O	F ASBESTO	OS REMOV	AL		Start: 1/2/2015		Completion 12/31/2015	
. SCHEDUL	ED DATES OF	DEMOLIT	ION/RENO	VATIO	N:	Start:		Completion	
Complete in complia	TION OF PLANI removal of all t nce with OSHA TION OF WOR	types of ACA and Code	CM from marker Rule 56.	any ar	eas and	l equipment	in this build	ing, while bei	ng

XII. WASTE T	TRANSPORT	ER #1									
Name:	Waste Management Rochester										
Address:	1661 Mt. Re				TVVF ALL	Successive and the successive an					
City:	Rochester		State:	New York	Zip:	14606					
Contact Perso	n:	Sue Rossi		*	Telephone:	(585) 254-7574					

WASTE TRAN	NSPORTER	#2									
Name:			Acceptance of the second								
Address:											
City:	000 000 10	no contra les en el	State:		Zip:						
Contact Perso	n:				Telephone:						
*			2-	and the Windowski and the Control of							
XIII. WASTE I				and the second s							
Name:	Mill Seat La	AT OF THE PARTY OF	- 1 1 1 1 1								
Address:	303 Brew R	łd.		The Control of America							
City:	Bergen		State:	New York	Zip:	14416					
Telephone:											
XIV. IF DEMO	OLITION IS (ORDERED BY	' A GOVERN	MENT AGENCY, PLEAS	E IDENTIFY	THE AGENCY BELOW					
Name:		- 1		18 mm =	Title						
Authority:	14 1-11										
Date if Order	(MM/DD/YY):		Date Ordered to Begin:							
		real at the		The state of the s							
20 7 CM (10) A 20		RENOVATIONS									
		ncy (MM/DD/)		our emiliar in the state of the							
Description of	f the Sudden	, Unexpected	Event:	TOTAL SECTION OF SECTION	e sede Olde						
					100000000000000000000000000000000000000						
Explanation of	of How the Ev	rent caused U	nsafe Condit	ions or Serious Disruption	of Industrial	Operation:					
	*		5.0025								
				LOWED IN THE EVENT							
			N-FRIABLE A	ASBESTOS BECOMES C	RUMBLES, P	ULVERIZED,					
OR RED	DUCED TO P	'OWER.									
-											
				4-5	4						
						= ION / / O OFF FARE					
XVII. I CERT	TIFY THAT A	n individuai	L TRAINED	ON THE PROVISIONS O	F THE REGU	LATION (40 CFR PART					
61 SUBI	PART M) WII	LL BE ON-SIT	E DURING	THE DEMOLITION OR R	ENOVATIONS	S AND EVIDENCE					
				ACCOMPLISHED BY TH							
FOR IN	SPECTION D	DURING NOR	MAL BUSIN	ESS HOURS. (Required	1 year after pr	omulgation)					
	Tem	it 1	7/3	1 10							
			Cala	fell		December 15, 2014					
	Signature of	of Owner/Oper	ator 0			Date					
			UEOD: 11=:3	NUO 0000507							
XVIII. I CER	TIFY THAT T	THE ABOVE IN	NFORMATIC	ON IS CORRECT.							
	-/	T1.0	(0)	/ 10		D					
	1 am	ory -	cerco	reld		December 15, 2014					
	Signature of	of Owner/Oper	rator 0	The Secretary September 2011 of 1997		Date					

Operator Project		.779	Postmark	76 F	MA JOST	Date Re	ceived	Notific	7152465
I. TYPE OF N	OTIFICATION	I (O = Origina	-L/D - D:		engig a	akpangan N	en po pilos bijo	Dois: 12	240112.16
						0		1202 14 17 10 10	THE COURT
II. FACILITY I	NFORMATIO	N (identify ov	wner, remov	al co	ntractor,	and other ope	erator)	arrate att.	10000 702
OWNER:		dak Compar	ny						
Address:	2400 Mt. Re	ad Blvd.				toriotics and the second	10.18.00.01	100	Acri Car
City: Contact:	Rochester		State:	Nev	v York		Zip:	14650-3013	
	Timothy Car						Tel:	(585) 722-2	525
REMOVAL CO			AAC Contra	actin	g Inc.				
Address:	175 Humbol	t St					13.	15 184, 161 1	
City:	Rochester		State:	Nev	v York		Zip:	14609	JE 1949
Contact:	Craig Everhart						Tel:	(585) 527-80	000 ext. 122
OTHER OPE	RATOR:			-					
Address:				and on		The second second			
City:			State:				Zip:		
Contact:	- total agreements				been fam.	The second	Tel:		
III. TYPE OF	OPERATION	(D = Demoliti	on/R = Reno	vatio	n) ·	R			
IV. IS ASBES	TOS PRESEN	T? (ves/no):	onin – rtenc	YES		<u>IK</u>			
				-					
V. FACILITY	DESCRIPTION	N (include bui	ilding name,	num	per and	floor or room	number):		
Bldg. Name:			Floor	LLC	Section 2		Room		
Address:	1669 Lake A	ve. 14652							
Address:	B - 339								
City:	Rochester		State:	Nev	/ York	County:	Monroe		. Tire th
Site Location:									
Building Size: Present Use:			Sq. Ft:		3,180.60	# of Floors:		Sq. Meter	TANK
			ge in Years:			Prior Use:			
VI. PROCEDU	JRE, INCLUD	ING ANALYT	ICAL METH	IOD,	F APPR	OPRIATE, U	SED TO DET	ECT THE	THEFT
PRESENCE (OF ASBESTO	S MATERIAL							
The analysis	was perform	ed by Polari:	zed Light M	icros	copy (F	LM) analysis	s. Selected n	on-organica	lly bound
materials tha	t were report	ed by PLM a	nalysis to b	oe no	n-asbes	tos containi	ng were sub	sequently an	alyzed by
Transmission	n Electron Mi	croscopy (TI	EM) analysi	s.					
VII. APPROXI	MATE OF RA	CM TO BE R	EMOVED A	ND N	ION-FRI	ABLE ASBES	STOS MATER	RIAL THAT W	'ILL
NOT BE REM	OVED. SPEC	CIFY THE AM	IOUNT OF A	ASBE	STOS B	ELOW:			
					Carlo Carlo				
				RAC		Removed	Category I	Category II	
Pipes - Linear					1000				
Pipes - Linear		1671 871			75 7 7 7 7 7 7	DAIDAL TH	Putatijasi var	1901 0011	
Surface Area			1 (14 x 5/11)		1000	EPPER NUMBER	PATRICK STOLEN	- 15% - 12 Mrs. J	
Surface Area					100		MANAGE LESS	SUUTT 1	
Volume RACN						VOLUM CHEST	me garijata.	Carlo Carlo Carlo	
Volume RACN	on Facility C	omponent-Ct	ubic Meter				-		
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL						Start:		Completion	
						1/2/2015		12/31/2015	
IX. SCHEDUL	ED DATES C	F DEMOLITI	ON/RENOV	'ATIC	N:	Start:		Completion	
					Child				
E.									
X. DESCRIPT	TION OF PLAI	NNED DEMO	I ITION OR	RFN	OVATIO	N WORK AN	ID METHOD	(S) TO BE US	ED:

Complete removal of all types of ACM from many areas and equipment in this building, while being

in compliance with OSHA and Code Rule 56.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT

	TRANSPORTER #1										
Name:	Waste Management Rochester										
Address:	1661 Mt. Rea	ad Blvd.									
Čity:	Rochester		State:	New York	Zip:	14606					
Contact Perso	n:	Sue Rossi			Telephone	(585) 254-7574					
WASTE TRAN	SPORTER #	#2									
Name:				4 44		4 1 2 2 2 1					
Address:					1 10						
City:		ATTENDANCE	State:		Zip:						
Contact Perso	n:				Telephone						
XIII. WASTE [DISPOSAL SI	TE				(M)					
Name:	Mill Seat La										
Address:	303 Brew Ro		14	1,51							
City:	Bergen		State:	New York	Zip:	14416					
Telephone:											
Топориления											
XIV IF DEMO	OLITION IS O	RDERED BY	A GOVERN	MENT AGENCY.	PLEASE IDENTIFY	THE AGENCY BELOW					
Name:					Title						
Authority:						4					
Date if Order	(MM/DD/YY)			Date Ordered to E	Begin:						
Date ii Graei	(IVIIIVIII DDI I I I										
XV. FOR EME	RGENCY RE	NOVATIONS	3								
Date and Hou	TO BE AND THE PARTY OF THE PART										
Description of											
Description of	trie Sudderi,	Oriexpected t	_vent.								
Evalenation	f How the Eve	ant caused Ur	esofo Condit	ione or Serious Dis	ruption of Industria	Operation:					
Explanation o	I HOW THE EVE	eni causeu Oi	isale Colluit	ions of Serious Dis	ruption of industria	Operation.					
N// DE00D	IDTION OF D	DOOEDLIDE	TO DE EQ.	LOWED IN THE EV	CALT THAT HAVE	DECTED ACRECTOR					
						PECTED ASBESTOS					
			I-FRIABLE A	ASBESTOS BECOM	MES CRUMBLES, F	OLVERIZED,					
OR RED	UCED TO PO	OWER.									
			م فعد السالم								
				16							
						ILATION (40 CFR PART					
61 SUBF	PART M) WIL	L BE ON-SIT	E DURING	THE DEMOLITION	OR RENOVATION	S AND EVIDENCE					
THAT TI	HE REQUIRE	D TRAINING	HAS BEEN	ACCOMPLISHED	BY THIS PERSON	WILL BE AVAILABLE					
FOR INS	SPECTION DI	URING NORM	MAL BUSINI	ESS HOURS. (Red	quired 1 year after p	romulgation)					
		11 0	1	1200		-					
	Ino	they C.	Canx	rell		December 15, 2014					
	Signature of	Owner/Opera	ator O			Date					
	g 0 01										
											
XVIII I CER	TIFY THAT TI	HE ABOVE IN	FORMATIC	N IS CORRECT.							
J. VIII. I OLIV			2	/ A							
	Tim	oller C	Can	dell		December 15, 2014					
0.0 mod	Signature of	Owner/Oper	ator /	7		Date					

Operator Project			Postmar	·k	Land of the	Date Re	eceived	Notification		
	1 4 4 1 1		Barrier Physics	. 45	enally a	espitantino		2015.120	114190	
I. TYPE OF N	OTIFICATION	V (O = Origin	nal/R = Re	vised)	N. P. L. Will W.			1 8/3/3 . 80	011-11/2	
II. FACILITY	INFORMATIO	N (identify o	wner, remo	oval co	ntractor.	and other on	erator)	dress is even		
OWNER:	Eastman Ko	dak Compa	iny			and carer op	orator)	and the second		
Address:	2400 Mt. Re	ad Blvd.					L. El este	A OL Mari		
City:	Rochester		State	: Nev	v York	Olete	Zip:	14650-3013		
Contact:	Timothy Ca	ufield					Tel:	(585) 722-25	25	
REMOVAL C	ONTRACTOR	₹:	AAC Con	tractin	a Inc.					
Address:	175 Humbo	lt St						All the say	*****	
City:	Rochester		State	: Nev	v York		Zip:	14609		
Contact:	Craig Everh	art			t-and the last		Tel:	(585) 527-80	00 ext. 12	
THER OPE	RATOR:				Partie I I					
Address:	I									
City:	1004		State				Zip:			
Contact:			1 4				Tel:		THE REAL PROPERTY.	
II TYPE OF	OPERATION	(D = Domolii	lion/D = Do	no		In	1			
V IS ASBES	TOS PRESEN	T2 (ves/po	1011/K - Ke	YES	n):	R		AUSTON COT	100700	
								17819 1971		
/. FACILITY	DESCRIPTIO	N (include bu	uilding nam	e, num	per and t	floor or room	number):			
Bldg. Name:		and the second s	Floor		100		Room	Title		
Address:	1669 Lake A	ve. 14652								
Address: City:	B - 349									
Site Location:	Rochester		State:	Nev	v York	County:	Monroe			
Building Size:	The second secon		Co Et	16	207 20	1 4 - 6		T 6 14 / T		
Present Use:	and the second		Sq. Ft: Age in Yea		9,307.32	# of Floors: Prior Use:	<u> </u>	Sq. Meter	Wat vi	
I. PROCEDI	URE, INCLUD	ING ANALY	TICAL MET	ΓHOD,	F APPR	OPRIATE, U	ISED TO DE	TECT THE	nlichers?	
PRESENCE	OF ASBESTO	S MATERIA	L:	,,,,,,			025 10 52	ILOT THE		
The analysis	was perform	ed by Polar	ized Light	Micros	сору (Р	LM) analysi	s. Selected r	non-organical	ly bound	
ransmissio	n Electron Mi	croscopy (7	anaiysis to 'FM) analy	o pe no	n-asbes	tos containi	ing were sub	sequently an	alyzed by	
					ION EDI	ARI E ASRE	STOS MATE	RIAL THAT WI	11	
OT BE REM	OVED. SPE	CIFY THE AM	MOLINT OF	ASRE	STOS B	FLOW!	STOS MATE	NAL ITAT WI	LL	
TO I DE ITEM	OVED. OF EX		VICTORY OF	AODL	D103 B	LLOVV.				
					2					
				RAC	M to be	Removed	Category I	Category II		
ipes - Linear					1000					
ipes - Linear		COMPANY OF THE	it chinean	William	PAR PAR	JEN TO M	DESCRIPTION OF THE	17-837 1 0 17		
	 Square Feet 		H MU MUR.	i Ly Gros	1000	CHIPPLIN 277	PART OF THE	N (N) 1-88 13		
	- Square Mete		in ite luar	100	TANK A	(4.24) EAAH EA	H-51-21+ 1989	00 L/31 L/2		
	M off Facility C			. E. Million	In care	Teach Training	TAR DE BENEVA			
olume RACI	M off Facility C	omponent-C	ubic Meter		-		1, 1/4			
III. SCHEDU	ILED DATES	OF ASBEST	OS REMO	VAL	1	Start:	1000	Completion		
				enter des i		1/2/2015	, v	12/31/2015		
K. SCHEDU	LED DATES C	OF DEMOLIT	ION/RENC	OVATIO	N:	Start:		Completion		
				THE S						
				ar a la Sa	Alle Land	938	A AND DESCRIPTION			
								(S) TO BE US		
Complete	removal of a	II types of A	CM from n	nany a				ing, while bei		
	ance with OS				MALL TO		diam'r medicin			
I. DESCRIP	TION OF WO	RK PRACTI	CES AND I	ENGIN	EERING	CONTROLS	TO BE USE	D TO PREVEN	IT T	

XII. WASTE	FRANSPORTER #1											
Name:	Waste Mana	Waste Management Rochester										
Address:	1661 Mt. Re	ad Blvd.										
City:	Rochester		State:	New York		Zip:	14606					
Contact Perso	on:	Sue Rossi			Те	ephone:	(585) 254-7574					
, , ,	•											
WASTE TRAIN	NSPORTER	#2										
Name:			CALL SHEET STATES									
Address:												
City:			State:			Zip:						
Contact Perso	on:				Te	lephone:						
						Line and the second						
XIII. WASTE I												
Name:	Mill Seat La											
Address:	303 Brew R	d.										
City:	Bergen		State:	New York		Zip:	14416					
Telephone:												
		/					WE LOSSION DELOW					
XIV. IF DEM	OLITION IS C	RDERED BY	A GOVERN	IMENT AGENCY,	PLEASE ID	ENTIFY	HE AGENCY BELOW					
Name:						Title						
Authority:												
Date if Order	(MM/DD/YY)):		Date Ordered to I	Begin:		VILVEIL CO					
XV. FOR EMI												
Date and Hou	ur of Emerger	icy (MM/DD/	YY):									
Description of	f the Sudden,	Unexpected	Event:				21 22					
Explanation of	of How the Ev	ent caused U	nsafe Condit	ions or Serious Dis	sruption of	ndustrial	Operation:					
,												
				7								
XVI. DESCR	RIPTION OF F	ROCEDURE	TO BE FOL	LOWED IN THE E	VENT THA	T UNEXP	ECTED ASBESTOS					
			N-FRIABLE A	ASBESTOS BECO	MES CRUM	IBLES, P	ULVERIZED,					
OR RED	DUCED TO P	OWER.										
XVII. I CERT	FIFY THAT A	N INDIVIDUA	L TRAINED	ON THE PROVISION	ONS OF TH	E REGU	LATION (40 CFR PART					
61 SUB	PART M) WIL	L BE ON-SIT	TE DURING "	THE DEMOLITION	OR RENO	VATIONS	S AND EVIDENCE					
THAT T	HE REQUIRE	ED TRAINING	HAS BEEN	ACCOMPLISHED	BY THIS P	ERSON \	WILL BE AVAILABLE					
FOR IN	SPECTION D	URING NOR	MAL BUSIN	ESS HOURS. (Re	quired 1 yea	ar after pr	omulgation)					
		-1 /	7/0	111								
	Timo	They C.	aux	reld			December 15, 2014					
	Signature o	of Owner/Ope	rator 0				Date					
	T.L.		1100.0	4.5.000								
	34											
XVIII. I CER	TIFY THAT T	HE ABOVE I	NFORMATIC	ON IS CORRECT.			,					
		- /	0	1:1								
	/ um	olky (- Car	field			December 15, 2014					
	Signature of	of Owner/Ope	rator	0		The Fred	Date					